



**VANDERBILT CENTER FOR HEALTH SERVICES**  
**Three Year Report 2004 – 2006**





## CENTER FOR HEALTH SERVICES

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*The mission of the  
Vanderbilt Center  
for Health Services  
is to facilitate  
community-based  
solutions to problems  
that impact  
human health.*

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*Dedicated to helping communities grow . . .*

# PARTNERS IN COMMUNITY

Dear Friends of CHS,

**I**n 2007, CHS celebrates 35 years of serving disadvantaged communities throughout the Southeast. The

Center's programs serve as models both locally and abroad, and we are proud of this work, and grateful to Vanderbilt University for providing such a wonderful home for this work. Adele White, one of our board members, recently wrote to us about why the Center for Health Services is important. She says it better than I can .....

*It feels good to be a part of the Center for Health Services. Once you discover CHS and the good work it does, it creeps into your heart and settles in for a long time. CHS reaches out to people in need – the poor, the elderly, and children – and helps them to take control of their physical, social, political, and environmental health. Good*

*health – in all its forms – is the first and most critical measure of a quality life.*

These themes, poverty and control over one's own life and community, are the essence of the work that is described in this report. **Each CHS program empowers individuals and strengthens communities.**

This is what all universities should be doing, using their resources to complement the wisdom found in each family, in each town, to build communities that are healthy, safe, prosperous, and happy.

We are proud to share this work with you. It is the product of a dedicated staff, committed board of directors, generous donors, and participating universities and colleagues.

Thank you for your own contribution to healthy communities!

Sincerely,

*Barbara Clinton*

Barbara Clinton  
Director





# VANDERBILT CENTER

*The mission of the Vanderbilt Center for Health Services is to provide solutions to problems that affect the health of the community.*

**T**he Center for Health Services (CHS) has served disadvantaged communities in the Southeast since 1972.

The CHS is a group of community service programs whose goal is to support people working at the grassroots level to take control of their physical, social, political, and environmental health. The seven main initiatives within CHS today are:

- ▶ *Maternal and Infant Health Outreach Worker (MIHOW) Program*
- ▶ *Student Community Health Coalition*
- ▶ *Community Health Emphasis Program*
- ▶ *Shade Tree Family Clinic*
- ▶ *South Nashville Family Resource Center*
- ▶ *CASTLES (Communities And Students Together for Learning-Enhanced Service)*
- ▶ *Service Training for Environmental Progress (STEP)*

The Center for Health Services is an outgrowth of the Appalachian Student Health Coalition, which formed in 1969 when a group of Meharry Medical College and Vanderbilt students organized a community outreach program led by student and community volunteers.



# FOR HEALTH SERVICES

*Health Services is to facilitate community-based  
that impact human health.*

## CHS Staff



**Barbara Clinton**  
CHS Director



**Minda Lazarov**  
MIHOW Director



**Jill Flowers**  
CHS Financial  
Manager



**Tonya Elkins**  
FRC Director



**Annette Ehrhart**  
CHS Executive  
Secretary



**Carole Manny**  
MIHOW Program  
Coordinator



**Abbey Baird**  
CASTLES Director



**Ladawna Parham**  
SCHC Director



**Chrystal Fizer**  
MIHOW Administrative  
Assistant



**Stephanie  
Sullivan**  
SCHC Program  
Coordinator



# Maternal Infant Health Outreach Worker (MIHOW) Program

Empowering women, families, and children

*According to a MIHOW outreach worker, MIHOW is "women helping women helping women become the best parents they can be."*

**M**IHOW is a partnership between local community service agencies and the Center for Health Services. Since 1982, MIHOW workers have served more than 12,000 low-income families. Each site is given assistance by the CHS in developing, implementing, and evaluating these services.

MIHOW serves economically disadvantaged and isolated families in rural and inner city areas in Kentucky, Tennessee, Louisiana, Mississippi, and West Virginia. The program brings hope and skills to parents through a network of trained local women who serve as outreach workers to families in their communities. Promoting healthy living among pregnant women and families

with young children, they mentor and inspire parents to care for themselves and their children – a very big step toward self-sufficiency and becoming active participants in their community. **MIHOW outreach workers make approximately 5,000 home visits to more than 500 families each year.**

Data describing MIHOW mothers at 16 sites reveal:

- ▶ 90% live at or below the poverty level (less than \$18,850 for a family of four).
- ▶ 56% live in extreme poverty (less than half the poverty level).
- ▶ 58% are white, 36% black, 5.5% Hispanic.
- ▶ 27% do not have enough food to feed their family every month

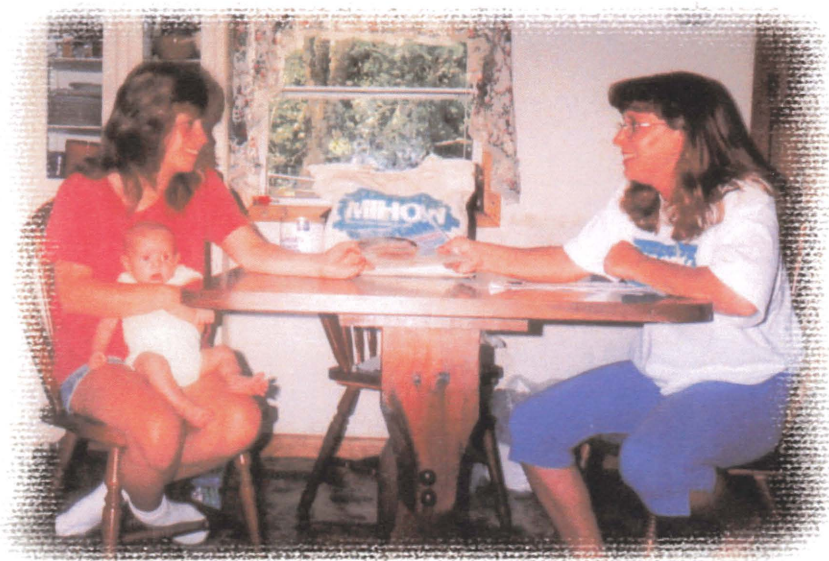
- ▶ a third are in their teens, half are in their 20s.
- ▶ fewer than half have completed high school or have a G.E.D.
- ▶ half are single.

## Standards of Excellence

Introduced at the 2003 American Public Health Association annual meeting as a strategy that increases the acceptance and credibility of lay community health workers, the Commitment to Excellence MIHOW Accreditation Program (CEMAP®) is a user-friendly but rigorous site accreditation program. It is based on MIHOW Standards of Practice for outreach workers and sponsoring agencies. All sites must commit to accreditation, develop an action plan and timeline, conduct a thorough self-appraisal, and participate in an on-site review.

The impact of the accreditation process on the MIHOW workers, sponsoring agencies, and families has strengthened the MIHOW program, while increasing its credibility and visibility locally and nationally. The process:

- ▶ provides a blueprint for excellent services to families in need,
- ▶ supports the professional development of MIHOW workers,
- ▶ encourages an exchange of innovative ideas and experiences among workers,
- ▶ nurtures sites' ability to work effectively and creatively in the community,
- ▶ nurtures an individual and institutional sense of accomplishment



A West Virginia MIHOW outreach worker, right, makes a monthly home visit to a young mother and her four month-old daughter. The focus of this one-hour visit was appropriate infant feeding practices.





MIHOW participants at Woodbine Community Organization in Nashville get together bimonthly to share experiences and gain information.

among workers and sponsoring agencies,

- ▶ protects and furthers MIHOW's reputation within the community as a valued, high quality, family support program, and
- ▶ nurtures individual, corporate, and government donors.

### Three sites successfully underwent the on-site review.

The first was at New River Health Association in Scarbro, West Virginia, the second at Woodbine Community Organization in Nashville, and the third at Ohio County MIHOW in Wheeling, West Virginia.

Noted sculptor Alan LeQuire, creator of Nashville's *Athena Parthenos* and *Musica!*, was chosen through an independent competition to create MIHOW's accreditation sculpture (top right).

### CEMAP® Story Project

Four model sites participated in a web-based journaling project to record changes in families, workers, agencies, and communities as a result of CEMAP®. The participating sites were New River Health Association (Scarbro, WV), Woodbine Community Organization (Nashville, TN), Kathryn Harris MIHOW

Program (Hazard, KY), and Delta Community Partners In Care (Clarksdale, MS).

**W**riting the entries required the participants to think through their activities, reflect on their site's strengths and challenges, and share what they learned along the way. The experiences documented effective

service strategies and furthered MIHOW's ability to replicate by creating a stockpile of strategies that can be used in other communities. The experiences are available on the MIHOW website ([mihow.org](http://mihow.org)).

The journaling gave the CHS insights into four sites in a way we've never experienced before. With an ongoing personal view of the workers' thoughts, concerns, and ideas, we were able to respond quickly, clarify any uncertainties, follow-up on suggestions, and allay any anxieties about accreditation.

### Better Networking Through Regional Trainings

MIHOW Regional Consultants in KY/East TN, West Virginia, and the Mississippi Delta/Deep South coordinate three annual trainings per region, and provide individual site consultation on program management. The regional gatherings are an important networking and mentoring tool for the exchange of information and ideas across sites. During 2004-06, training topics included:

- ▶ *West Virginia:* preparation for accreditation, revisiting strengths (work-related and personal), preparing for the on-site CEMAP® review
- ▶ *Kentucky/East Tennessee:* breast-feeding, nutrition and weight management, sharing new experiences and CEMAP® ideas, training needs and methods
- ▶ *Mississippi Delta/Deep South:* CEMAP® Story Project, preparation for accreditation, stress management



***The MIHOW Strength-Based Approach.*** Every individual and family has strengths, regardless of living conditions or circumstances. Helping the MIHOW workers and participants recognize and tend to their strengths is the fuel that drives each MIHOW program. This process of self-discovery and encouragement begins with the selection and training of outreach workers and continues throughout their MIHOW journey. The workers, in turn, apply these skills to home visiting, focusing on needs identified by family members and using the family's strengths to address those needs. This approach sets the stage for healthy living, lasting motivation, and self-sufficiency. As a result, participating families, outreach workers, and the sponsoring agencies become confident, effective activists for improving the health and social services in their communities.



## Focus on Regional and Site Objectives

Because each local program and region has different needs and strengths, regional objectives capture special hopes for families. The selection of regional and site objectives had a practical as well as a unifying effect on the local sites. It furthered the ability to focus resources in pursuit of a specific target and to work together to achieve a common aim.

Site staff worked with the Regional Consultants to identify regional mother-focused and regional child-focused objectives. Strategies for achieving the objectives were shared through the *MIHOW Monthly*, the CEMAP® Story Project journals, and during regional trainings.

## Evaluation Shows Power of MIHOW

MIHOW documents impact on maternal and child health and development, identifies effective program elements and areas needing improvement, and provides outcome analysis by site, state, and region.

During this period:

- ▶ In Mississippi, African American women receiving MIHOW home visits began prenatal care earlier and received more prenatal visits.
- ▶ Mississippi MIHOW mothers reported putting their babies to sleep

on their backs at a rate that is almost three times the national average.

- ▶ Although the low birth weight rate for African American babies in Mississippi is 14.3%, African American babies enrolled in the MIHOW program had a low birth weight rate of 7.7%.

## Annual Conferences

In 2004, approximately 85 site leaders and outreach workers from 23 sites came together for three days of participatory workshops, networking opportunities, poster presentations, and team building activities at the historic Tutwiler Hotel in Birmingham, Alabama. The accreditation program was the theme, *Uncommon Program, Common Cause: A CEMAP® Gathering*. There were 13 workshops on topics such as confidentiality, mother-baby groups, and record-keeping. Conference participants also toured the National Civil Rights Museum and Park.

In 2005, the annual conference was held in Nashville. *A Melody of Matters: MIHOW in Music City* attracted 65 site leaders and outreach workers from 19 sites. MIHOW workers facilitated most of the workshops. Sessions focused on building strengths, healthy relationships, burnout busting, civic leadership, pregnancy prevention, and childhood obesity. An "Old Timers Panel: Lessons Learned from 40+ Years of

MIHOWing" also proved popular. In addition, we collaborated with the Vanderbilt University Kennedy Center to offer a workshop on developmental disabilities.



## Site Leaders' Meeting

Every other year, the leaders of all the MIHOW sites get together for three days of networking, training, and program planning. The group gathered in May 2005 at the Scarritt-Bennett Center in Nashville. Our focus was on fundraising, a critical issue facing all of the sites. Thirty leaders from 19 sites participated in sessions about appealing to donors, nurturing generosity, developing innovative fundraising initiatives, researching foundations, establishing a community development committee, and recruiting community support.

## Community Giving Campaign Seeks More Involvement

When we celebrated our 20th anniversary in 2002, we turned to the community to support expansion of our services. Development Consultant Barbie Chadwick and a volunteer Development Committee inaugurated exciting new events:

- ▶ *Online auctions.* Dozens of wonderful items and services donated by local artists, individuals, and businesses were offered during auctions in 2004 and 2005.
- ▶ *House Concerts.* A dozen high profile artists volunteered their talents in 2005 and 2006, performing in the intimate settings of host homes.
- ▶ *Community giving campaign replications.* Volunteer Development Committees became active at New River Health Association in Scarbro, West Virginia, and the Woodbine Community Organization in Nashville.



Hurricanes in 2005 devastated MIHOW sites in southern Mississippi and Louisiana. Vanderbilt generously donated six used vehicles to MIHOW programs struggling with the aftermath. Here, staff from Pinebelt Association for Community Enhancement in Hattiesburg, MS, pose in front of the car they received.



### Staff

Minda Lazarov, Director  
 Carole Manny, Program  
 Coordinator  
 Chrystal Fizer, Administrative  
 Assistant

### Consultants

Barbie Chadwick\*, Development  
 Consultant  
 Sonyia Kidd, Regional Consultant  
 (Mississippi Delta/Deep South)  
 Linda McGlone, Regional Consultant  
 (Kentucky/East Tennessee)  
 Nonie Roberts, Regional Consultant  
 (West Virginia)  
 Sandy Smith, Evaluation Consultant  
 Debbie Withrow, Regional  
 Consultant (West Virginia)

### Student Interns

Sarah Birger  
 Mary Byrnes  
 Amanda McCormack  
 Caitlin Skinner  
 Josie Vitale  
 Pamela Williams

### Volunteers

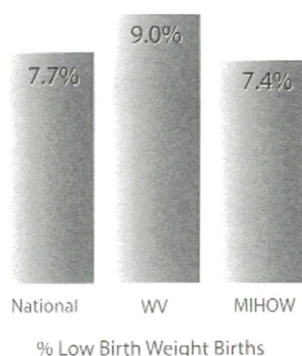
Robin Andrews  
 Jeannine Briley\*  
 Mary Byrnes\*  
 Annette Calloway\*  
 Linda Campbell  
 Dottie Caul\*  
 Eugene Fowinkle\*  
 Sylvia Hutton\*  
 Karen Hyman  
 Emily Masters\*  
 Rebecca Millman  
 John Mock  
 Deborah Narrigan\*  
 Barbara Nicholson\*  
 Lisa Oliver-Gray  
 Beverly Quinn\*  
 Barbara Ramsey\*  
 Rita Randolph\*  
 Joan Rice\*  
 Michael Rogers  
 Alma Sanford\*  
 Barry Sulkin  
 Irwin Venick\*  
 Josie Vitale  
 Gail Zika\*

\* Development Committee member



U.S. Congressman Jim Cooper of Tennessee attended the Woodbine Community Organization accreditation ceremony to support the MIHOW staff: outreach workers Leslie Hayes and Ruth Monsalve, and site leader Tonya Elkins. About 60 supporters came out to celebrate MIHOW at the April 2006 community ceremony.

### The High Costs of Low Birth Weight



# of LBW Births in WV (2002)	1,915
Est. Annual Hospital Costs (based on avg. cost nationally)	\$ 143,625,000
MIHOW Improvement Rate	17.8%
Reduced Annual Costs	\$ 25,058,000

**Report to WV Legislature Recommends MIHOW as Cost-Saving Measure!**  
 According to a report presented to the West Virginia State Legislature, \$25 million could be saved if MIHOW programs were available across the state.

Source: Partners in Community Outreach. *In-Home Family Education: Supporting Healthy Child Development in the First Years of Life*. Report and Recommendations to the West Virginia Legislature, December 2005.

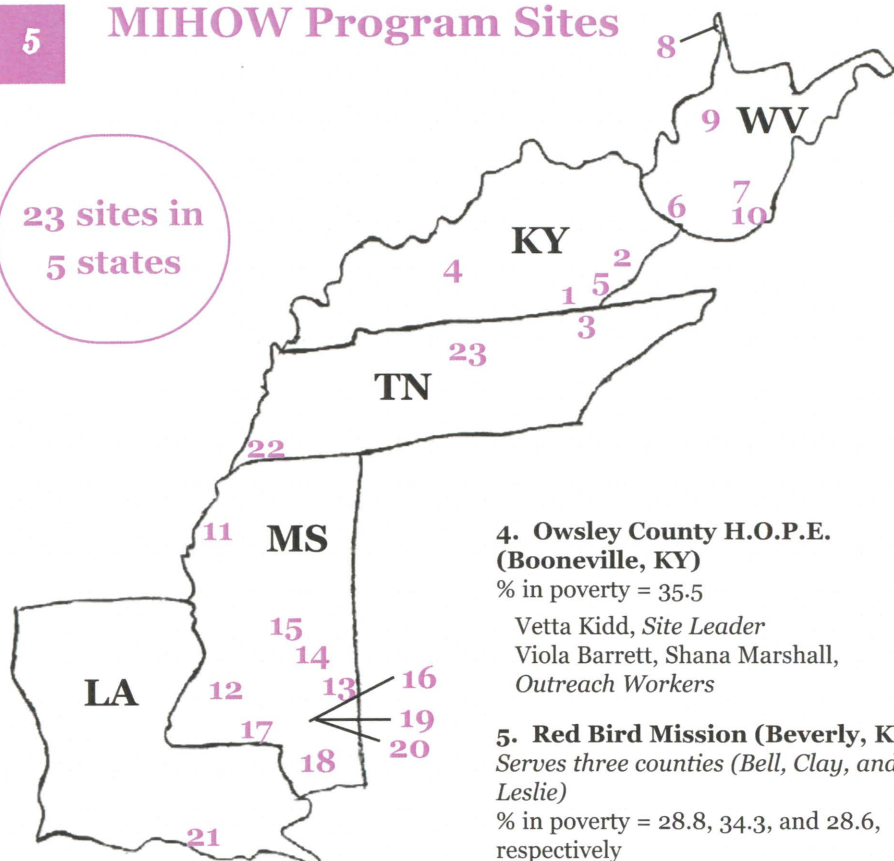
### MIHOW Awards

- ★ **Baha'i Faith Community of Nashville** – *Women's History Month Award* "for responding with heartfelt commitment to the maternal infant health needs of the under served and giving children the chance to reach their full potential."
- ★ **Pan American Health Organization** – *Everyday Heroes* award to the MIHOW team at New River Health Association of West Virginia for being "everyday individuals who give so much and expect so little in return."



## MIHOW Program Sites

23 sites in  
5 states



### Appalachia - KY/East TN

#### 1. Henderson Settlement (Frakes, KY)

*Serves four counties (Bell County, KY, Whitley County, KY, Campbell County, TN, and Claiborne County, TN)*  
% in poverty = 28.3, 25.3, 21.7, and 19.9, respectively

Frankie Blackburn, *Site Leader*  
Judy Hurst, *Outreach Worker*

#### 2. Kathryn Harris MIHOW (Hazard, KY)

% in poverty = 26

Sandy Good, *Site Leader*  
Emline Montgomery, *MIHOW Coordinator*

Deborah Davidson, Dianna Handshoe, *Outreach Workers*

#### 3. Mountain Community Parent Resource Center (White Oak, TN)

% in poverty = 21.7

June Pyle, *Site Leader*  
Dawn Ivey, Sheila Smith, *Outreach Workers*

#### 4. Owsley County H.O.P.E. (Booneville, KY)

% in poverty = 35.5

Vetta Kidd, *Site Leader*  
Viola Barrett, Shana Marshall, *Outreach Workers*

#### 5. Red Bird Mission (Beverly, KY)

*Serves three counties (Bell, Clay, and Leslie)*

% in poverty = 28.8, 34.3, and 28.6, respectively

Tracy Nolan, *Site Leader*  
Ginny Calehuff, Stacia Carwell, Marlene Griffiths, *MIHOW Coordinators*  
Isabella Osborne, Christy Smith, *Outreach Workers*

### Appalachia - West Virginia

#### 6. A.B.L.E. Families, Inc. (Kermit)

*Serves three counties (Mingo County, WV, Wayne County, WV, and Martin County, KY)*

% in poverty = 25.4, 17.4, and 30.5, respectively

Sr. Janet Peterworth, *Site Leader*  
Garnet Fitchpatrick, *MIHOW Coordinator*

Janie Baisden, Charlene Crum, Rosemary Dillon, Marsha Ferris, Emma Pack, *Outreach Workers*

#### 7. New River Health Association (Scarbro)

% in poverty = 20.5

Nonie Roberts, Debbie Withrow, *Site Co-Leaders*  
Kathy Bracken, Melanie Claypool, Kathie Kiser, Charlene "Red" Newkirk, Sue Slater, Rhonda Walker, *Outreach Workers*

#### 8. Ohio County MIHOW (Wheeling)

% in poverty = 14.9

Marlene Midget, Linda Osmianski, *Site Leaders*

Cathy Knox, *MIHOW Coordinator*  
Stephanie Barnett, Delores Beveridge, Lori Byhanna, Linda Osmianski, Sally Riley, Jonnie Robinson, *Outreach Workers*

#### 9. Rural Options for Services and Education (R.O.S.E., Greenwood)

*Serves five counties (Doddridge, Ritchie, Tyler, Harrison, and Gilmer)*

% in poverty = 17.6, 15.5, 15.7, 16.5, and 19.7, respectively

Donna Spellman, *Site Leader*  
Tammy Henry, *MIHOW Coordinator*  
Lynn Brown, *Respite Coordinator*  
Sharon Harris, *Outreach Worker*

#### 10. Summers County MIHOW (Hinton)

% in poverty = 22.8

Peggy Rossi, Jo Ann Miller, Kristal Straub, *Site Leaders*  
Nicole Callihan, Gale Cole, Olivia Peden, Lisa Smith, Sue Storms, Kristal Straub, *Outreach Workers*

### Mississippi Delta/Deep South

#### 11. Delta Community Partners In Care (Clarksdale, MS)

% in poverty = 30.6

Lela Keys, *Site Leader*  
Sandy Lee, *MIHOW Coordinator*  
Lisa Johnson, *Outreach Worker*

#### 12. Friends of Children of Mississippi, Inc. (Early Intervention Center/ Mississippi Jobs Corps) (Crystal Springs, MS)

% in poverty = 22.8

Sharon Thompson, *Site Leader*  
Bobbie Posey, *MIHOW Coordinator*  
Veronica Eason, Karen Edwards, *Outreach Workers*

#### 13. Friends of Children of Mississippi, Inc. (Early Head Start of Jones County) (Laurel, MS)

% in poverty = 19.6

Janice McCullum, *Site Leader*  
Bobbie Posey, *MIHOW Coordinator*  
Joyce Chambers, Deborah Jones, *Outreach Workers*



**14. Friends of Children of Mississippi, Inc. (Newton Early Head Start) (Newton, MS)**

% in poverty = 17.7

Tonya Johnson, *Site Leader*  
Bobbie Posey, *MIHOW Coordinator*  
Tonya Barton, Rhonda Newell,  
*Outreach Workers*

**15. Friends of Children of Mississippi, Inc. (Wonderful World Early Head Start) (Walnut Grove, MS)**

% in poverty = 20.8

Deborah Payton, *Site Leader*  
Bobbie Posey, *MIHOW Coordinator*  
Deborah Hutchins, *Outreach Worker*

**16. Neighborhood Educational Enhancement and Development Services (N.E.E.D.S., Hattiesburg, MS)**

% in poverty = 21.8

Rose Harrell, *Site Leader*  
Geneva Evans, *MIHOW Coordinator*  
Geraldine Griffin, *Outreach Worker*

**17. Pearl River Valley Opportunity - Pike County (Magnolia, MS)**

% in poverty = 23.9

Ferlisa Shaw-Lee, *Site Leader*  
Gracie Smith, Verna McEwen, Jasmine  
Rash, *Outreach Workers*

**18. Pearl River Valley Opportunity - Stone County (Wiggins, MS)**

% in poverty = 18.2

Ferlisa Shaw-Lee, *Site Leader*  
Geraldine Griffin, Jasmine Rash,  
*Outreach Workers*

**19. Pinebelt Association for Community Enhancement (P.A.C.E.) Head Start (Hattiesburg, MS)**

% in poverty = 21.8

Carla Leverette, *Site Leader*  
Tammy Duckworth, Jackie Robinson,  
*Outreach Workers*

**20. Southeast Rural Health Initiative, Inc. (Hattiesburg, MS)**

% in poverty = 21.8

Vickie Martin, *Site Leader*  
Geraldine Griffin, *Outreach Worker*

**21. St. Mary Community Action Head Start (Franklin, LA)**

*Serves two parishes (St. Mary and Vermilion)*

% in poverty = 21.8 and 19, respectively

Ella Hamilton and Janice Tate, *Site Leaders and Outreach Workers*

**Tennessee Urban**

**22. Porter-Leath Children's Center (Memphis)**

% in poverty = 19.1

Gwen Price, *Site Leader*  
Pamela Coleman, Tracie Hale, *MIHOW Coordinators*  
Sabrina Johnson, Carolyn Palmer,  
Allane Rivers-Roach, Gretta Thomas,  
Bridgette Torrance, Sharonda Walker,  
Deborah Williams, *Outreach Workers*

**23. Woodbine Community Organization (Nashville)**

*Serves part of Southeast Nashville*

% in poverty = 22

Tonya Elkins, *Site Leader*  
Leslie Hayes, Ruth Monsalve, *Outreach Workers*

*Source of county-wide poverty data: U.S. Census Bureau, Small Area Estimates Branch, 2004*



A pregnant teen in Newton, Mississippi, gets support and guidance on prenatal care and child development from outreach worker Rhonda Newell.

***"One hundred years from now, it will not matter what my bank account was, how big my house was, or what kind of car I drove. But the world may be a little better, because I was important in the life of a child."***

- poet Forest Whitcraft



**IN MEMORIAM.** Peggy Rossi, MIHOW site leader at Summers County MIHOW and executive director of REACHH (Reaching Everyone to Assist in Creating Healthier Homes) in Hinton, West Virginia, died in July 2005, while on vacation with her family.

Peggy was one of the founders and the Executive Coordinator of the REACHH Family Resource Center. In 2002, she was named Social Worker of the Year by the West Virginia National Association of Social Workers.

CHS Director Barbara Clinton wrote of her,

*Peggy was an extraordinary person and leader. She used her work, her recreation, her family relationships and her friendships to make other people healthier and happier. She was fun, she was serious, she was generous, she was a woman of peace. I know that you share my deep sorrow and shock.*

*Thank you, Peggy.*



## Student Community Health Coalition (SCHC)

Helping seniors help their communities

*"Bless all of the AmeriCorps members! I don't know what I would have done without them ... they just did everything I needed and I feel so much better.*

*Thank you, thank you, thank you!"* – senior client

**T**hirty-five years ago, concerned students from Vanderbilt and Meharry created the Appalachia Student Health Coalition to fill gaps in health services throughout rural Appalachia. The program grew in service and stature, supporting health-related student projects in more than 100 communities.

### Moving Forward, But Respecting Our Roots

By 2003, a new mission statement was needed for SCHC. After reviewing the program's achievements over the last three and half decades, the SCHC adopted a broader mission that encompasses the enduring value SCHC adds to the community.

### Reaching Out to Seniors

**The mission of the Student Community Health Coalition is to help seniors help their communities. We believe that the most effective senior takes action to be well, is connected to the community, is passionate and proactive, and is open to new ideas and experiences.**

We offer our services to adults aged 55 and over who live in 13 middle Tennessee counties (*see box on next page*). Services are free and targeted at frail, low-income, and isolated seniors and older adults living in rural communities.

We reach out to seniors by partnering with other senior service agencies to share in referrals. We also accept referrals from neighbors, family, and friends of seniors we have previously served, and we make

internal referrals based on needs we see while serving in the community.

**W**e have an active roster of services:

► **Breast health outreach and education**, emphasizing the importance of a healthy lifestyle and early detection measures, is taught through a peer-to-peer network of senior advocates. These advocates receive training and tools and resources to assist them in spreading the word about breast health among their peers. We provide advocates with opportunities to participate in a Speaker Series, through which we bring experts on a variety of relevant topics to the table to discuss current issues.

► **Clinical breast exams** at health fairs and senior sites provide senior women with free exams, education, and referrals for mammograms.

► **Vision screenings** at senior centers and community health fairs provide seniors with access to sight-saving screening, and referrals for free care and eyeglasses.



AmeriCorps members help a Gallatin, Tennessee, homeowner clean her property after tornadoes devastated this community north of Nashville in the spring of 2006. The members spent several days at this property before going to Goodlettsville to help organize the emergency relief supplies store there.



An AmeriCorps member gets seniors into the swing of arthritis-sensitive exercise classes. SCHC conducts fitness classes as well as weight management and nutritional planning classes.

► **Companionship program**, including regular visits and phone calls to isolated seniors, as well as social activities at senior centers and senior towers provide social involvement and companionship to reduce loneliness and isolation. Through this



## SCHC Serves 13 Middle TN Counties

*Cheatham  
Coffee  
Davidson  
Dickson  
Maury  
Montgomery  
Robertson  
Rutherford  
Stewart  
Sumner  
Trousdale  
Williamson  
Wilson*

program seniors have learned crafts like knitting and origami, written letters to veterans and children, engaged in debate and current events studies, and begun creating blankets for sick children. This program ensures that seniors have opportunities to participate in mentally stimulating activities and are actively engaged in issues that touch their hearts and minds.

► ***Fitness classes and wellness planning*** in local senior centers, churches, and retirement communities help seniors stay active and healthy. They also make plans for weight management and set fitness goals that will allow them to stay well and independent.

► ***In-home service projects***, including minor home repairs, wheelchair ramps, and yard work create the healthiest, safest, and least restrictive surroundings possible for seniors.

► ***Bone density screenings*** at health fairs and community centers help decrease seniors' risk for osteoporosis and its serious impact. SCHC provides an average of 500 bone density screenings (accompanied by educational materials) annually.

► ***Volunteer opportunities*** for seniors in health screening, fitness, breast health outreach, and companionship projects enable them to be connected to their community, passionate and proactive, and open to new ideas and experiences.

### **A New Approach to Recruiting and Training**

To ensure the program recruits the most qualified and committed applicants for the one-year AmeriCorps service, the SCHC expanded its recruiting base through the Center for Nonprofit Management. We increased referrals from current and past members, and from colleges nationwide. With SCHC's small staff of members serving a large population, each member must mirror the highest standard of work ethic, spirit of service, and esprit de corps.

Member training also was strengthened during this period. By incorporating team-building into everyday service, initial lessons on team-building formed the foundation for continuing personal and professional growth. And in response to emerging issues, we added new training topics, such as emergency preparedness for seniors, working with people with disabilities, using local resources, and hoarding.

## New Community Partnerships

8

We've always been proud of the strong partnerships we've built. During 2004-2006, we continued the tradition by establishing ties with more local community agencies. These arrangements allow us to tap into resources that expand and improve our services.

We work closely with Prevent Blindness Tennessee's sight-saving vision programs for seniors and children. SCHC members use their vision screening training to provide education, information, and referral to those in need.

In partnering with Vanderbilt Kennedy Center, SCHC members receive training on identifying and working with individuals who have developmental disabilities. They use what they learn to provide and track more effective services to seniors with disabilities.

Our partnership with Vanderbilt Ingram Cancer Center has provided meeting space for Breast Health Advocate luncheons, speakers, and a link to the Tennessee Comprehensive Cancer Control Plan Summit, where we offer planning assistance and volunteers. We serve as an important outreach channel for VICC.

In addition, we provided speaking, planning, and volunteer help to

***A senior citizen who was receiving restorative in-home services from SCHC felt very isolated from his neighbors and community, and was extremely lonely and depressed.***

*He felt that after working for more than 50 years, his complete loss of mobility meant that he no longer had a purpose in life or a reason for getting up in the morning. We connected him to a school for the blind, for which he was able to read books onto tape for schoolchildren. Now, despite not being able to leave his home, he feels like he has an active and important role. He has become empowered to take on other volunteer initiatives that fit within his limitations and has found new and exciting purpose to his life.*

**- SCHC Director Ladawna Parham**



the Discover Nashville Senior Lifestyles Day hosted by the Council on Aging. The SCHC Director serves on the Advisory Council for the COA, which keeps SCHC connected to senior services and issues throughout middle Tennessee.

### Staff

Ladawna Parham, Director  
Stephanie Sullivan, Program Coordinator

### AmeriCorps Members\*

#### 2004-2005

Elizabeth Bleeker  
Heather Burks  
Greta Clinton-Selin  
Brenda Estal  
Kirsten Gibbs  
Sarah Creighton Greene  
Dana Guyer  
Erin Horn  
Sara Horvitz  
Kathryn Jongeward  
Leanne Kolnick  
Yaa Kumah  
Chad l'Epplatanier  
Connie Ritchey  
Dehean Robinson

Quinn Schumacher  
Keri Spann  
Earl Washington  
Natalie Worley

#### 2005-2006

Jose Alvarado  
Ryan Armstrong  
Krissy Cocchini  
Kate Coffee  
Ross Coleman  
Alex Furches  
Kate Groh  
Casey Hamm  
Leslie Hayes  
Caroline Knox  
Brandon Litzner  
Ruth Monsalve  
John Pitts  
Jennifer Seo  
Keri Spann  
Benjamin Surmi  
Tamika White  
Natalie Worley

### Breast Health Advocates

Bertha Anderson  
Cathy Armstrong  
Margo Barlow  
Nelda Bates  
Cathy Blakely

## SCHC At A Glance 2004 - 2006:

**70** AmeriCorps members

**6,900** seniors served

**90** health fairs and screening events

**140** presentations on a variety of topics, such as senior fitness, senior nutrition, food stamps, hoarding, maintaining a healthy environment, emergency preparedness, peer interaction, breast health education, senior games/Olympics, Nashville After Dark for Seniors, and much more.

Esther Brown  
Vicky Browning  
C. Charna  
Delores Collins  
Mary Davila  
Alicia Decote  
Mary Jane Dewet  
Teresa Fulcher  
Rhonda Fulkerfon  
Patti Fusarini  
Judy Gibson  
Sharon Haddox  
Judy Harbison  
JoAnn Hooper  
Stacy Horner  
Linda Jackson  
Lorella Jollett  
Kathleen Jones  
Sarah King  
Liz Martin  
Sandy Minor  
Jennifer Murray  
Ruth A. Peyton  
Joan Phillips  
Godfrey Powell  
Evelyn Roberick  
Desi Smith  
Roberta Smith  
Trudy Stein-Hart  
Ora Thomas  
Mary Wheeler  
Allison Yonker

\*AmeriCorps terms run September to July.



SCHC builds wheelchair ramps in partnership with community agencies, conducts minor home repairs, and provides restorative chores and organizational services for seniors. Here, AmeriCorps members Benjamin Surmi and Ryan Armstrong help the Center for Independent Living build a wheelchair ramp for a person with disabilities in Nashville.





Advocates, AmeriCorps members, and SCHC staff gather for the first Breast Health Initiative Luncheon of the 2005-2006 term. The luncheon is an opportunity for advocates to join in their peer network to gain information and insight, strategies for effective community and peer outreach, and to share their successes and struggles.

*We first met one elderly client when delivering mobile meals to her home. It was clear that she was lonely, isolated, and in need of companionship. Our AmeriCorps members began calling and visiting with her. They soon discovered that she had significant challenges to creating a safe and healthy living environment, which were compounded by her lack of mobility and severely reduced income. After cleaning and organizing her home, re-arranging furniture to improve her limited mobility, and restoring her environment to one that home health services would be willing to maintain for her, she had a new lease on life.*

- SCHC Director Ladawna Parham

***This program not only serves the community, but provides a leadership opportunity to AmeriCorps members who develop a lifelong sense of national and community service that will be a part of any career path they follow.***

### *SCHC Awards*

- ★ **Greater Nashville Regional Council on Aging and Disability – Alma L. Pillow 2005 ‘Professional’ Excellence in Aging Award** presented to SCHC Director Ladawna Parham
- ★ **Tennessee Commission on National and Community Service – 2005 Certificate of Appreciation** presented to SCHC as hosts of the 2005 statewide Make A Difference Day



Seniors enjoy an exercise class led by an AmeriCorps member.



*Many Community Health Emphasis projects lead to long-term changes in the way health care is delivered in our community.*

**T**hrough the Community Health Emphasis Program, first and second year medical students work with community faculty mentors to address community needs.

Nonprofit organizations serve as community partners, who define the students' projects. This assures that tangible benefits accrue to each community of need.

The students develop a relationship with the community and sponsoring agency over an 18-month period, including an eight week full-time summer internship. At the request of the community and with direction from the community, the students develop a set of products that address the community health problem. Students recognize and appreciate unmet community health needs as they develop strategies to meet those needs. At the same time, they learn

first hand how non-profit organizations address community health issues. They develop skills in community leadership and scholarship, and build expertise in helping patients practice positive health behaviors.

Students work alone or in pairs, with help from faculty and community mentors. Students also receive training from the Center for Health Services in specialty areas such as focus groups, in-depth interviews, conducting data gathering and analysis, and grant writing.

**C**ommunity mentors guide students in meeting the population, learning about the community, and creating the project. Faculty mentors help the student and community partner refine the project design and scope, assist with research design, guide the student in learning new

skills, and help student prepare project results for various audiences.

### **Emphasis Advisory Committee**

The Emphasis Area Committee, including faculty, students, and community agency leaders, guides all of this work. In 2005, the committee designed the strategy for reaching out to community partners and students. Since then, the committee has identified ways to meet student educational needs and contribute to community health at the same time, and monitored student achievement and community satisfaction.

### **Staff**

Barbara Clinton, Director  
Barbie Chadwick, Consultant

### **Community Health Emphasis Area Enduring Understandings**

- ▶ The health of the community plays a critical role in the health of the individual.
- ▶ Each patient must be considered within his/her physical, social, political, economic, psychological, and cultural environment.
- ▶ You think you know the full answer, but you don't. There are non-medical explanations, resources, and solutions to consider.
- ▶ Successful health programs are interdisciplinary and built from the community level up.

*In her 2005 project, student Heather Burks documented prescribing practices in the Davidson County*

*Women's Jail. She found that they were contributing to inmates' inability to manage mental illness while incarcerated. As a result, prescribing practices have been changed and appropriate medications are now available to offenders.*



## STUDENT PROJECTS, 2005-06

**José Alvarado**, *Siloam Clinic*

Established treatment program for "Lost Boys of Sudan" in Nashville.

**Elizabeth Bleecker**, *Metro Public Health Department*

Determined why women at risk for poor birth outcomes do not utilize community prenatal health services.

**Heather Burks**, *Davidson County Sheriff's Office*

Documented the impact of jail drug formularies on mentally ill female offenders' health and behavior.

**Ross Coleman**, *Metro Public Health Department*

Laid groundwork for project on pediatric obesity reduction for Hispanic population.

**Kirsten Gibbs** and **Kathryn Jongeward**, *Renewal House*

Designed and field tested a substance abuse prevention program for children of addicted women.

**Sarah Creighton Greene**, *Metro Public Health Department*

Identified barriers that discourage Hispanic families from immunizing their children.

**Kate Groh**, *Mercury Courts*

Enhanced fitness and physical activity with previously homeless individuals.

**Dana Guyer**, *Shade Tree Family Clinic*

Developed and field tested health education strategies for a free clinic run by students.

**Erin Horn**, *Planned Parenthood of Middle Tennessee*

Documented perceptions of Emergency Contraception among patients and health care providers, and made recommendations.

**Sarah Horvitz**, *United Neighborhood Health Services*

Designed and field tested an intervention to prevent teen pregnancy in the inner city.

**Caroline Knox**, *Shade Tree Family Clinic*

Documented the experiences of uninsured Nashvillians in seeking health care.

**Leanne Kolnick**, *Interfaith Care Alliance*

Increased diversity and male participation in volunteer care teams for terminally ill community members.

**Yaa Kumah**, *Oasis Center*

Designed strategies that encourage teens in crisis to improve their health.

**Brandon Litzner** and **John Pitts**, *Green Hills Chiropractic Clinic*

Assessed the awareness and attitudes about complementary alternative care methods among medical students and medical residents.

**Connie Ritchey**, *Metro Public Health Department*

Tested the impact of faith based community lay health workers in addressing infant mortality.

*In 2006, student José Alvarado worked with the nonprofit Siloam Clinic to design a cost effective and culturally acceptable way to implement CDC-recommended treatment of Schistosomiasis and Strongyloidiasis in the Sudanese Lost Boys. These and other*

*refugee groups are at high risk for these diseases because of lengthy and arduous travels on foot escaping tribal warfare in Africa. José and his mentor, Morgan Wills, M.D., developed community treatment strategies and secured agreements from drug manufacturers to provide the medications at no cost to any community requesting them for a similar project.*

*"My student began with a grandiose plan for a great program that would have cost a lot of money. Through the course of the program, she narrowed her scope and added academic rigor to the original proposal. The struggles that she had are timeless. All students begin this way, and I was pleased to work with her through the challenges."*

*- Faculty mentor*



### **Emphasis Advisory Committee**

Jeff Blum, *Davidson County Sheriff's Office*

Barbie Chadwick, *Program*

*Development Consultant*

Kate Celauro, *medical student*

Kristina Collins, *medical student*

Katie Cox, *medical student*

David Dilts, Ph.D., *Owen School of Management*

Carol Etherington, *Nursing*

Peter Felten, Ph.D., *History*

Monica Giles, *medical student*

Gerald Gotterer, M.D.

Jacob Hathaway, *medical student*

Kevin James, *medical student*

Lewis Lefkowitz, M.D.

Lysa Parker, *CEO, Attachment Parenting International*

James Powers, M.D.

Russell Rothman, M.D.

Sharon Shields, Ph. D., *Peabody*

Emily Tarvin, *medical student*

Pat Temple, M.D.

Angie Thompson, *CEO, Mental Health Association of Middle TN*

Claire Turchi, *medical student*

### **Community Partners**

Alive Hospice

Community Outreach Program Center

Davidson County Sheriff's Office

Dayani Center at Vanderbilt

Green Hills Chiropractic Clinic

Interfaith Care Alliance

Mercury Courts

Metro Public Health Department

Nashville Cares

Oasis Center

Planned Parenthood of Middle Tennessee

Renewal House

Shade Tree Family Clinic

Siloam Clinic

United Neighborhood Health Services

### **Community Mentors**

Beth Barnett, D.C.

Jeff Blum

Mary Bufwack, Ph.D.

Kim Wyche Etheridge, M.D.

Carol Etherington

Becky Green

Patrick Luther

Jude White

### **Faculty Mentors, 2005-6**

Bill Bernet, Ph.D.

Todd Callahan, M.D.

Nancy Chescheir, M.D.

Esther Eisenberg, M.D.

Barbara Englehardt, M.D.

Barbara Forbes, M.A.

Jay Groves, Ed.D.

Victoria Harris, Ph.D.

Robert Miller, M.D.

John Mulder, M.D.

Gregory Plemmons, M.D.

Isaac Prilleltensky, Ph.D.

Pat Temple, M.D.

Morgan Wills, M.D.

## *The Lewis Lefkowitz Award*

The Lewis Lefkowitz Internship Award is given annually by the Center for Health Services to an individual or team of medical students selected by their peers. Student projects honored with this award must meet these criteria:

- ▶ Potential long range community health impact
- ▶ Sustainability over time
- ▶ Grounding in research literature
- ▶ Engagement of students and community in planning and implementation

### **Honorees**

**2004 Kristina Collins and Katie Cox**

*Creation of a student-run free clinic (see page 15)*

**2005 Kirsten Gibbs and Katie Jongeward**

*Children of women in recovery: preventing future substance abuse*

**2006 Ross Coleman**

*Maternal perceptions, feeding practices, and nutritional knowledge in the Hispanic pediatric population*



## What works?

*As the Community Health Emphasis Program finished its first three years, we asked our partners to comment through a Community Partners Survey (July 2005), and a Faculty Mentor Survey (October/November 2005).*

### Was the project of real value to the community?

- ▶ Yes, the project will be valuable and it merits academic credit as well.
- ▶ Yes, the evaluation interviews are being used to plan for the development of a new project for the community.
- ▶ The project helped the community identify gaps in service which need to be filled.
- ▶ Impacting a large administrative system is not easy. But the grant proposal the student prepared may lead to significant changes within the prison system.
- ▶ The project may lead to several new projects on environmental health and wellness, literacy, tobacco use, and hygiene and exercise.
- ▶ The medical student brought "Youth in Crisis" into a new stage, and began a process of working with Vanderbilt that is very easy for the community agency.
- ▶ The project is of great interest to the public health department.

### Why did you serve as a mentor?

- ▶ This is a set of skills that I enjoy teaching.
- ▶ I was interested in helping make this connection to the medical school.
- ▶ I had heard of the Emphasis program and was intrigued by it.
- ▶ I like the student who approached me. I like training medical students in a different way to understand the world.
- ▶ I know from my own experience as a student that programs like this make a tremendous difference in student education.
- ▶ For me, at the beginning of my own academic career, mentoring solidifies some of the things I have been learning.
- ▶ The project dealt with an extremely important topic, infant mortality.

### Was the program a good learning experience for the student?

- ▶ The project exposed the student to the police force, low-income community residents, and community leaders. This will be a great help to her in her career.
- ▶ My student was enthusiastic and launched new projects which grew out of the original project. She even became comfortable visiting the jail on a regular basis.
- ▶ Absolutely. She learned a great deal about public health and community resources. She also told me that before the project she had no interest in research. Now she is very excited about it.
- ▶ The struggles that my student had are timeless. All students begin this way and I was pleased to work with her through the challenges.
- ▶ The project was very complex and rigorous. The student's key lessons were in learning to set biases aside.



*Shade Tree is the only free medical clinic that provides in-house primary care and referred specialty care in Nashville.*

### Background

The medical needs of the residents of the East Nashville community have frequently been overlooked, despite the wealth of health care resources in Nashville. There are very few community clinics and no hospitals within the borders of the neighborhood around Dickerson Pike. The community has high rates of diabetes, heart disease, low birth weight and infant mortality. Many of the residents live below the poverty line, and medical care cannot be their primary concern. The disenrollment of thousands of Tennesseans from state funded insurance in 2005-6 intensified the problem of finding affordable health care.

Katie Collins and Christina Cox, then first year medical students, joined the Community Scholar Program (later called the Community Health Emphasis program) in 2004 to address this issue. Both had seen student-run clinics in operation at other medical schools and recognized that East Nashville's strong community leadership, and the wealth of resources and student energy at Vanderbilt, meant that the same could happen in the Nashville community. As they stated in their application to the CHS Community Scholars Program:

*"At many medical schools throughout the country, students run a small free medical clinic to help members of the community with no access to care, as well as jump start the students' clinical experiences. The Nashville community has no such clinic, although over 10% of its population does not have health*

*insurance. This does not include those with no access to care because of limitations on TennCare. There seems to be a demonstrated need in the Nashville community (as well as within the Vanderbilt community) for a medical student-run free clinic."*

Their first objective was to complete a feasibility study to determine if starting a free clinic would be possible. They spent the summer of 2004 forming a strong foundation in the East Nashville community and examined possible funding routes for the clinic. Community surveys and interviews conducted by Katie and Christina in 2004, and Dana Guyer and Sarah Horvitz in 2005, revealed that **the health issues of greatest concern to neighborhood resi-**

**dents were diabetes, heart disease, and mother and child well-being.**

### Finding a Home for the Clinic

The students worked with Mary Bufwack, Executive Director of United Neighborhood Health Services in Nashville, to secure a small space for providing care. UNHS also offered a receptionist. The Magness Potter community center, run by the Salvation Army, offered crucial support, and welcomed the clinic as its next door neighbor. Other generous donations came from Newman's Own Foundation, the Rasmussen Foundation, and the Kresge Foundation.

The Shade Tree Family Clinic opened on October 1, 2005. Student



Shade Tree Family Clinic co-founders  
Katie Collins and Christina Cox in 2004.



and community response was terrific. Nearly every Vanderbilt medical student now spends time in the clinic, providing free care, and faculty members have volunteered willingly to serve as preceptors.

### CHS Board Gets Involved

The student leaders of the clinic asked the CHS board to develop a policy structure for their work, and proposed that the CHS board become the board of the Shade Tree Family Clinic. After much discussion, the board and the students agreed that the most viable long-term approach for clinic sustainability would be to recruit a neighborhood advisory board whose sole concern is advice and support.

CHS board members Darcy Freedman, Amar Patel, Jennifer Hackett, Peter Brokish, and Dana Guyer helped the students recruit a neighborhood Advisory Committee. The students maintain the responsibility for running the clinic, yet have access to community supporters who can provide important information and assistance in decision making.

The clinic has been very well received, and has become part of the health care safety net in the East Nashville community. Patients range

in age from infancy to adulthood. The majority of the patients are African American and immigrants from Mexico, Somalia, and Ethiopia.

Between October 2005 and October 2006, more than 440 patients came to the clinic during 750 clinic visits.

The clinic is located at 222 Grace Street, just off Dickerson Road. It's open Saturdays from noon to 4 p.m., and Tuesdays 6 - 9 p.m.

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***"The medical students are thrilled to be able to get out in the community and interact with patients, and we're hoping that our clinic will have a sustainable impact on this community."***

**- Dana Guyer**, student director,  
quoted by *The Vanderbilt Reporter*

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### How a student-run clinic is organized

*A group of student directors from the second year class manage the clinic. Other first and second year students are organized into special committees.*

#### Student Directors

- ▶ recruit students, faculty, other volunteers
- ▶ assign tasks and assist committees
- ▶ maintain responsibility for daily operations
- ▶ assure that students write clinic record of history and physicals for each patient
- ▶ patient follow-up
- ▶ maintain supplies
- ▶ liaison to external partners

#### Pharmacy Committee

- ▶ orders all drugs, pick up and delivery to clinic
- ▶ coordinates inventory of drug stock 4x/year
- ▶ investigates donations from pharmaceutical companies, other clinics, drug assistance programs
- ▶ decides (with help from others) what drugs to stock and how much to stock
- ▶ has a working knowledge of drug stock and is ready to answer questions during clinic sessions
- ▶ enters newly arrived drugs into the online inventory

#### Fundraising Committee

- ▶ has knowledge of budget
- ▶ creates relationships with alumni
- ▶ organizes fundraising events
- ▶ searches and applies for grants
- ▶ maintains list of donors

### Free Walk-In Services

*Sick care*  
*Blood pressure care*  
*Adult physical exams*  
*Child physical exams*  
*Teen care*  
*Diabetes management*  
*Medications*  
*STD testing*  
*HIV testing*  
*Birth control*  
*Lab testing*



*Through the FRC, many long-time residents have demonstrated their commitment to offering a safe, welcoming place for diverse people to come and find a home.*

**T**he South Nashville Family Resource Center (FRC) works with community residents to solve neighborhood problems. The FRC engages residents from Nashville's Glendale, Radnor, and Woodbine communities, building on their assets to make the neighborhoods stronger and healthier. South Nashville is very diverse. Its residents represent many different ethnic and cultural backgrounds, including South America, Europe, Asia, and Africa.

FRC areas are chosen by United Way of Metropolitan Nashville based on their vulnerability to poverty, limited English proficiency, and other factors.

### Leadership Comes from the Community

An Advisory Council of community residents representing the three neighborhoods directs the activities and priorities of the FRC. Local residents known for their concern for the community are recruited through neighborhood events, our partner programs, schools, and other venues. There are no terms or formal elections.

#### FRC priorities:

- ▶ **Ensure elderly live in supportive communities.**
- ▶ **Keep families and children healthy.**

**T**he FRC Director works with businesses, churches, agencies, and schools to coordinate resources and volunteers to meet the needs of individuals and families in our FRC area. Over the last three years, we have handed out Thanksgiving baskets and

coats to needy families. We have helped families find emergency food, clothing, eyeglasses, furniture, appliances, and household items. While we do not provide the items ourselves, we've worked with many partners to bring these services and goods to the people that need them the most.

In August 2005, we provided a workshop to the community about changing sexual predator laws and how parents can keep their children safe. In April 2006, we coordinated parenting classes for parents of children at the local elementary school. We regularly coordinate volunteer projects to help seniors stay in their homes — weeding gardens, cleaning out sheds, mowing yards, painting, cleaning, and picking up trash. ***The FRC and its partners served more than 2,900 people in 2005-2006.***

### Economic Development

Responding to a pressing need, the FRC helped the Sudanese Community and Women's Services Center increase economic development in February 2006. The FRC helped the Sudanese secure funds from United Way and the Frist Foundation for both a sewing project named Sewing Up the Gap. The program now trains Sudanese women to create clothes and accessories in both traditional Sudanese and mainstream American styles.

As a result, Sudanese women, unable to work outside of the home because of family obligations and language barriers, are becoming proficient enough to contribute financially to their households. The technology we purchased has enabled the Sudanese Community Center to help more refugees find employment,



**Volunteers put down landscaping fabric and mulch at a local senior's home to minimize the amount of maintenance she has to do in her garden.**





When concerned neighbors complained about the tagging (graffiti) by gang members on a neighborhood building, the Advisory Council brainstormed ways to keep tagging off the building and out of the neighborhood. Their remedy: paint a mural on the side of the building to deter gang members and increase neighborhood pride. The mural project combined the efforts of the FRC, local artist Fernando Vargas, Glencliff High School students, and Metro Beautification. Located at the corner of Foster Avenue and Lutie Street, the mural was completed in June 2006.

apply for citizenship, and take English and computer classes.

#### **Advocacy with Government Agencies**

The FRC works with community residents to have a voice in Metro about what is happening in South Nashville. A local park behind a former school was not tended once a new school was built. Area residents wanted a place to walk and for their children to play. The FRC, area residents and our Metro Councilperson petitioned Metro Parks to assume maintenance of the park from Metro Board of Education. After a Metro Parks Board meeting and discussions with Parks and the Board of Education, Metro Parks agreed to take over maintenance and is now replacing all the old playground equipment.

When Coleman Park was chosen as the site of a new regional community center, residents organized to brainstorm what to have at the new center. The FRC and other groups took their ideas to public forums held by Metro Parks and advocated for the services and equipment we wanted.

#### **Nolensville Road Community Partnership**

The Advisory Council wanted a business association in the neighborhood to promote economic development, recruit new businesses to the area, and hold businesses on Nolensville Road accountable for the conditions of their businesses. The FRC worked in partnership with the Neighborhoods Resource Center to talk to some of the area business owners about the idea. Several owners were interested, and we convened

small meetings for a few months. More people became interested and the Nolensville Road Community Partnership (NRCP) was born. This conglomeration of businesses, churches, schools, and concerned citizens improves public perception of the Nolensville Road area.

The NRCP also worked with Metro Codes Department to identify areas with codes violations, advocated to legislators and state agencies regarding excessive car lots in the area, and held election forums for local elections for judge and Metro Council.

The South Nashville FRC adds a vibrant reinforcement to our community. Through the FRC, many long-time residents have demonstrated their commitment to offering a safe, welcoming place for diverse people to come and find a home.

#### **Staff**

Tonya Elkins, M.S.S.W., FRC  
Director and Woodbine MIHOW  
Site Leader  
Leslie Hayes, outreach worker  
Ruth Monsalve, outreach worker

#### **Interns**

Mary Byrnes  
Anna Lin  
Tika Mansfield  
Amanda McCormack

#### **Volunteers**

Carol Harnack  
Anne Ing  
Emily Masters

***The technology we purchased has enabled the Sudanese Community Center to help more refugees find employment, apply for citizenship, and take English and computer classes.***



**South Nashville FRC Advisory Council**

Orville Allen  
 Teresa Bills  
 Mary Byrnes  
 Barbara Clinton  
 Francia Dalmacy  
 Margaret Donovan  
 Karen Doty  
 John Dyer  
 Jim Frith  
 Don Ivancic  
 Steven Little  
 Lisa Martin  
 Amanda McClendon, (Metro Council  
 member, District 16)  
 Alex McDonald  
 David Morales  
 Mayra Morales  
 Christie Mulkey  
 Jim Selin  
 Sherry Sloan  
 Evelyn Smith  
 Janis Sontany (State Representative,  
 District 53)  
 Lakeisha Swanson  
 Linda Wagner  
 Diane Waller  
 Amanda Womble  
 Jim Worth  
 Whitney Young



FRC presents Head Start staff with Thanksgiving baskets for needy families.



A Youth Encouragement Services volunteer plants a flower bed in the Community Garden.

***“We are much stronger when we link together as businesses, churches, and neighborhoods who are working together to improve this community.”***

- Patricia Paiva,  
 business owner and  
 NRCP member



Local residents gather at Turner Park to celebrate new space for families to play.



Students working to better the health and well-being of local children

*The CASTLES concept was created to apply the tremendous resources of Nashville universities and their students to improve the health and safety of impoverished Nashville children through a sustainable service-learning program, established through community-university partnerships.*

### A New Program is Introduced

The name calls to mind a fortress, a refuge. This image of a strong foundation was a fitting name for a new program launched by the Vanderbilt Center for Health Services in July of 2006. CASTLES –

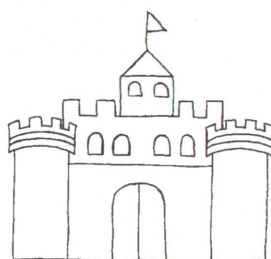
#### **Communities And Students Together for Learning-Enhanced Service**

– was designed by its founding director, Vanderbilt graduate student Abbey Baird, and a Vanderbilt pediatrician, Dr. Tim Peters, to fortify community health efforts. The pair started developing the concept in the fall of 2005.

The CASTLES model is a service-learning program for Federal Work Study (FWS) students. CASTLES' goal is to improve child health and safety, making use of long-standing community relationships and university expertise. **The specific mission of the program is to reduce childhood injuries, obesity, and vaccine-preventable disease by joining Nashville communities as partners to develop health improvement programs.**

### Students and Community Partners Work Together

Through CASTLES, FWS students are employed as long-term participants to improve childhood health and safety through service in the communities of North and South Nashville. Programs to improve child health and safety will be established in the context of already existing community-based organizations, each with active educational and service programs that complement



CASTLES. The list of community partners (*see list on next page*) will continue to grow.

The community partners share three traits: (1) they work in the community and have an interest in the program; (2) they have facilitated part of the training for the students; and (3) students have volunteered in their agency.

The students receive training from community-based specialists and faculty members each week. Training includes:

- ▶ Introduction to Research
- ▶ Orientation to Community
- ▶ Health Care Access and Delivery
- ▶ Community Service and Ethics
- ▶ Safety and Crime Prevention
- ▶ University Structure and Resources
- ▶ Focus Groups
- ▶ Community Education Resources
- ▶ Children and the Law

- ▶ Public Assistance and Low-Income Families
- ▶ Government and Public Policy
- ▶ Faith-Based Organizations
- ▶ Philanthropy
- ▶ Volunteerism

Throughout training, students develop extensive knowledge about low-income communities and the challenges they face, as well as expertise in implementing and supporting successful service programs. The students also become part of the community by volunteering at various agencies. In conjunction with the students' CASTLES training, they also conduct focus groups to understand complex community problems and identify potential solutions.

CASTLES training develops active, engaged citizens with experience in applying university research and resources to meet specific community needs. This unique training and experience will enable them to better serve communities throughout their careers.

#### *In its first year of operation*

*(2006), 12 students worked in North Nashville or South Nashville, depending on their ability to speak Spanish. Within those two groups, students chose research interests from among child immunizations, car seat/booster seat use, and child obesity.*





CASTLES students participated in the annual Celebration of Cultures in October 2006 at Centennial Park. They helped children make handprints to be the leaves on a fall tree.

### Faculty Mentors Assume Key Role

CASTLES students are paired with Vanderbilt faculty mentors engaged in scientific research and scholarship. Faculty involvement is based upon the needs of the community. For example, residents in both North and South Nashville voiced their concerns about childhood obesity, so a Vanderbilt expert in that field has been recruited. Faculty mentors involved thus far include Tim Peters, M.D., Kathy Poehling, M.D., Veronica Gunn, M.D., Shari Barkin, M.D., and Natasha Halasa, M.D. Their scientific and scholarly work will contribute to the community outcomes and the educational experiences students

receive, linking both NIH and CDC supported health services research.

### Building a Strong Future

CASTLES students conducted focus groups in the community at the beginning of the Spring 2007 semester, and will use the information gathered to develop community interventions.

The program currently operates only at Vanderbilt, but we hope to disseminate it to other higher education institutions that receive Federal Work Study funding. This creative and enriching program puts the Vanderbilt Center for Health Services at the head of the class.

### Staff

Abbey Baird, Director

### Community Partners

Academy for Educational Development  
Bethlehem Family Resource Center  
Book'em  
Bridges to Care – Metro Health Department  
Hispanic Achievers  
House of Mercy  
McKissack Family Resource Center  
Nashville Police Department  
Neighbors Reaching Out  
North Nashville Community Outreach Partnership Center  
Pearl-Cohn Family Resource Center  
Project CURE  
Safe Haven Family Shelter  
St. Luke's Community House  
South Nashville Family Resource Center  
Tomorrow's Hope Neighborhood Association  
Tusculum Elementary  
Tying Nashville Together  
Woodbine Community Organization  
YMCA Black Achievers  
Youth Encouragement Service (YES)

### CASTLES Students

Hallie Arrigon  
Lauren Biekman  
Nate Brown  
Deanna Froeber  
Megan Galloway  
Sarah MacNamee  
Beth McKinnon  
Laura Ramirez  
Codi Robinson  
Natalia Sanchez  
Nneka Ubabukoh  
Cierra Waller

***"I like that CASTLES wants to create longstanding relationships with the community."***

- CASTLES student



*STEP's internship program places trained college students in rural and low-income communities in Tennessee. Under the sponsorship of non-profit citizens' groups, the students provide technical assistance on local environmental hazards.*

According to the United Nations, at least 25 percent of disease is attributable to environmental factors. STEP interns help communities take action to preserve the quality of their local environment. STEP has worked with communities in 11 states, from West Virginia to Louisiana, and now focuses on Tennessee. Pairing university resources and students with community needs, STEP assists citizens at the local level, providing education and technical assistance on environmental justice concerns, pollution prevention, environmental testing, and documentation of environmental problems.

### 2005-6 PROJECTS

#### Tennessee Wetland Mitigation Project

University of the South student Thomas Upchurch and Rice University student Catie Clinton-Selin helped a coalition of Tennessee environmental advocates take a close look at state and federal enforcement of wetland mitigation laws. Concerned that Tennessee's regulatory agency – Tennessee Department of Environment and Conservation (TDEC) – and the Corps of Engineers (COE) do not adequately pursue legal action against developers and others who destroy wetlands, Barry Sulkin of the Tennessee office of PEER (Public Employees for Environmental Responsibility) designed the project in collaboration with the Tennessee chapter of the Sierra Club.

The students were recruited to do the legwork the advocacy groups needed. Their goals were to push the

state and COE to preserve wetlands or enforce permit requirements to re-create them once they have been destroyed, as required by law. If this cannot be done, the groups hope to pursue citizen enforcement for permit violations action under the federal Clean Water Act.

After participating in the Sierra Club Student Coalition leadership training program, the STEP interns spent the summer gathering documentation and inspecting wetlands that should have been preserved or recreated by developers in return for state and federal permits to complete their development or road projects.

At the offices of the TDEC, COE, the Tennessee Department of Transportation, and county deed offices, they collected information on the sites for which documents were available. They also created an extensive wetland plants guide that they used in the field and is now available for future volunteers.

With few exceptions, they found that state policy requires creation of a new wetland when a wetland is destroyed by a developer, although preservation or restoration of the original wetland is cheaper, more



STEP interns Thomas Upchurch and Catie Clinton-Selin inspecting wetlands.

effective, and more environmentally sound.

Only a minority of the wetlands they inspected were healthy. Many fell short of the specifications in their permits, and some were considered absolute failures.

#### River West Produce Stand

Recognizing the link between agriculture, nutrition and the environment, Vanderbilt University graduate student and CHS board member Darcy Freedman designed a project to help an inner city neighborhood gain access to high quality, organic, low-priced produce.

"Peaches, tomatoes, zucchinis, squash, you name it – if it's growing, we're trying to sell it in this area," said Darcy on the first day of the River West Produce Stand's opera-



tion in summer 2006. With assistance from STEP intern Caitlin Skinner, a student at Grinnell University, the stand sold out of produce during its first day of operation, a Saturday in mid-June.

The stand is a partial answer to the complete lack of grocery stores within walking distance of the Hadley Park, Preston Taylor and Tomorrow's Hope neighborhoods of North Nashville. Because many of the area's residents lack cars, the supermarket located a few miles away on Charlotte Pike is often of minimal use. As a result, many residents patronize smaller markets not known for a large selection of nutritious offerings. They eat high-fat foods that contribute to obesity and coronary disorders.

In addition to STEP intern Caitlin Skinner, the River West stand was staffed by neighborhood teenagers Dominique Moore and Corey Hemming.

#### **STEP Interns**

Catie Clinton-Selin, Rice University  
Caitlin Skinner, Grinnell College  
Thomas Upchurch, University of the South

#### **Community Supervisors**

Darcy Freedman, Middle Tennessee  
Food Security Cooperation  
John McFadden, Sierra Club  
Barry Sulkin, Public Employees for Environmental Responsibility

***A Vandy graduate student and a CHS board member teamed to help an inner city neighborhood gain access to high quality, low-priced produce.***

## **Around the CHS**



Vanderbilt medical students and undergrads enjoy the outdoors with Oasis Center teens (wearing gray AmeriCorps t-shirts) in the summer of 2004. The SCHC project encouraged teens in crisis to improve their health.

**CHS Director Barbara Clinton** received with the *Mary Jane Werthan Award* from the Vanderbilt Women's Center in June 2005. The annual award, named for a Vanderbilt alum and the first woman on the Board of Trust at Vanderbilt, "honors three qualities characteristic of the first recipient for whom it is named: vision, persistence, and extraordinary skill in interpersonal and institutional relations." The award pays tribute to an individual who has contributed significantly to the advancement of women at VU.



CHS Director Barbara Clinton, right, presents CHS Financial Manager Jill Flowers with the "Financial and Spiritual Master Award" at the 2005 MIHOW Annual Conference in Nashville. A light-hearted awards ceremony recognizing outreach workers and other MIHOW staff was one of the special events at the conference.



Clinton, Barbara. "The Center for Health Services, service and learning with a major impact." Vanderbilt University Roads Scholar Tour, February 9, 2004.

---. "Strategies for program level evaluation." Pritzker Early Childhood Foundation, Chicago, IL, March 4, 2004.

---. "Developing a strategic plan." Nashville Peace and Justice Center, Nashville, TN, March 2004.

---. "Program planning and proposal writing." Center for Health Services, Nashville, TN, June-July 2004.

---. "Approaching individuals and communities for program funding." Tennessee Coalition Against Sexual and Domestic Violence, Nashville, TN, June 23, 2004.

---. and M. Lazarov. "Helping local programs move toward sustainability." Pritzker Early Childhood Foundation, Chicago, IL, March 2005.

---. "Designing the strategic plan: Maternal Infant Health Outreach Worker Program." Site Leader Retreat, Nashville, TN, March 22, 2005.

---. "Program planning and proposal writing." Center for Health Services, Nashville, TN, June-July 2005.

---. "Critical Incident Journals as strategy for monitoring student learning." American Overseas Research Center, Tunis, Tunisia, June 14, 2005.

---. "Community health as an emphasis in medical education." Vanderbilt School of Medicine, Nashville, TN, August 28, 2005.

---. and B. Chadwick and J. Blum. "Addressing community health needs through learning, research, and service." Vanderbilt School of Medicine, Nashville, TN, October 15, 2005.

---. "Serving families with integrity and respect." Accreditation Achievement of Commitment to Excellence. New River Health Association, Scarbro, WV, October 20, 2005.

---. "Strategies for monitoring progress." Vanderbilt School of Medicine, Nashville, TN, January 10, 2006.

---. "Communications and training using distance learning." Pritzker Early Childhood Foundation, Chicago, IL, March 7, 2006.

---. and D. Freedman, D. Mezera, C. Heflinger, S. Shields. "Walking the talk: achieving the promise of authentic partnerships." The 9th Conference of Campus Community Partnerships for Health, Minneapolis, MN, May 31-June 2, 2006.

---. "Program planning and proposal writing." Center for Health Services, Nashville, TN, June-July 2006.

---. and B. Chadwick. "Addressing community health needs through learning, research, and service." Vanderbilt School of Medicine, Nashville, TN, October 4 & 12, 2006.

---. "Seeking solutions to America's healthcare crisis." Healthcare Forum, Moderator, Vanderbilt University, Nashville, TN, October 10, 2006.

Lazarov, Minda, C. Manny, and B. Clinton. "Commitment to Excellence MIHOW Accreditation Program (CEMAP®): An initiative to promote and maintain a standard of excellence among community health workers." 132nd Annual Meeting and Exposition of the American Public Health Association, Washington, DC, November 9, 2004.

Elkins Tonya. "Practice the strength-based approach through role play." MIHOW Annual Conference, November 10, 2005.

---. MIHOW Presentation to WCO Board, May 31, 2006.

---. and Clinton, B. "MIHOW." *Qué Pasa Nashville?*, Cable Channel 5+, July 19, 2006.

---. "MIHOW." 4:00 News on Channel 2, August 24, 2006.

*MIHOW Matters* – Published three times a year, this newsletter highlights MIHOW workers, sites, and specific projects. It is distributed to program donors.

*MIHOW Monthly* – An informal two-page newsletter providing a forum for the exchange of ideas and information on upcoming events and deadlines, national health observances, websites of interest, outreach worker profiles, timely health information, and policy updates.

*MIHOW Site Directory* – A comprehensive guide profiling the resources, experience, and population served by each agency within the MIHOW network, as well as the skills and resources that each site brings to the MIHOW network. May 2005

## Student Community Health Coalition

Breast Health Initiative Speaker Series presenting the following topics:

"Nutrition and the Aging", "Osteoporosis: Risk and Prevention", "Nutrition and Diabetes", "Getting Rid of Irritating Pounds (for Seniors)", and "The SCHC and Your Community"

## South Nashville Family Resource Center

Elkins T. "Focusing on the strengths in every person: A guide to using the strength-based approach." WIC Conference, November 17, 2004.

AmeriCorps members' presentation to Metro Parks Board regarding Turner Park, February 7, 2006.

Elkins T. Presentation to area pastors about FRC, February 20, 2006.



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Abintra Montessori School  
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AIG  
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Anatola Turkish Restaurant  
Annie E. Casey Foundation  
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Gingham  
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Global Soup  
Good Shepherd United Methodist Church  
Grand Cru Fine Wine & Spirits  
Green Hills Grille  
Green Hills Natural Health Clinic  
Grins' Vegetarian Café  
Hart Ace Hardware Company  
Hatcher & Fell Photography  
Holistic Growth Center  
Inpop Records  
Island Spring Dog Camp  
J. Alexander's Restaurant  
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Joseph-Beth Booksellers, LLC  
Joyner & Hogan Printing Company  
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Longhorn Steakhouse  
Loveless Café  
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Marshall Donnelly-Combs Funeral Home  
Michael Smerling Partners, G.P.  
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Mirror Restaurant  
Monell's Restaurant  
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Murfreesboro Outdoor & Bike  
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Nashville Race for the Cure  
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## *How you can be part of the CHS*

- ▶ **Make a financial contribution** — they are always welcome, encouraged, and needed.
- ▶ **Volunteer to mentor a student in a community project.**
- ▶ **Provide new or gently used holiday gifts for babies, mothers, and seniors.**
- ▶ **Serve on one of our Development Committees (MIHOW program or Student Community Health Coalition).**
- ▶ **Donate much needed equipment: a Power Point projector, a laptop computer, a DVD player, and a good TV for presenting program videos to potential volunteers, students, donors, and others.**

***Please contact:***

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# **VANDERBILT CENTER FOR HEALTH SERVICES**

Three Year Report *2007-2009*





## Center for Health Services Mission

*To facilitate community-based solutions  
to problems that impact human health*

Dear Friends,

The years 2007-9 were full of excitement for the Center for Health Services, and these pages tell the story. The themes of addressing poverty and securing control over one's life and community continue to be relevant, as our country and our world confront new and serious challenges to health, equity, and progress each year.

Each CHS program empowers individuals and strengthens communities. During this period our programs grew larger than ever, and we now serve thousands of individuals and families each year in communities stretching from rural Appalachia and the Mississippi delta to the inner cities of our southern states. Just as important as our geographical reach and the individuals we touch are the many non-profit organizations and clinics who are our partners in this work. No CHS program operates without at least one community agency guiding and monitoring, sharing in the satisfaction of the work. This report is an opportunity to thank those organizations that are working so effectively to address complex needs in areas where resources are scarce.

During this time, our board's leadership was extraordinary and essential. Responding to the realities of a changing world, they developed a strategic planning initiative that led to three goals for the next five years ... strengthening partnerships with students, increasing the degree to which the CHS is known to the general public, and firming up our financial base. They looked forward, creating a succession plan that assures the CHS its continuing growth, even if unexpected events impact our staff or board. The board committees became more active than ever, with new ones created to assure our continuing effectiveness in a technologically complicated world.

The CHS represents a strategy for community partnerships that all universities could embrace ... using the resources of a university to complement the wisdom found in each family and each town to build communities that are healthy, safe, prosperous, and happy.

We are proud to share this work with you. It is the product of a dedicated staff, energetic students, committed board of directors, and generous donors, universities, and colleagues.

Thank you for your support.

Sincerely,

Barbara Clinton, Director



### Center for Health Services

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## PROGRAMS

Communities  
And Students  
Together for  
Learning-Enhanced  
Service (CASTLES)



Coalition for  
Healthy Aging (CHA)



Community  
Health Emphasis



Community  
Health Research



Maternal Infant  
Health Outreach  
Worker (MIHOW)



Service Training  
for Environmental  
Progress (STEP)



Shade Tree Clinic



South Nashville  
Family Resource  
Center (SNFRC)

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## CENTER FOR HEALTH SERVICES STAFF



**BARBARA CLINTON**  
CHS Director



**MARY JO BEAN**  
CHA Breast Health  
Coordinator, 2009



**ANNETTE EHRHART**  
CHS Executive  
Secretary



**TONYA ELKINS**  
MIHOW Director



**CHRYSTAL FIZER**  
MIHOW Administrative  
Assistant



**JILL FLOWERS**  
CHS Administrative  
Officer



**DEANNA FROEBER**  
CASTLES Director,  
2008-09



**LESLIE HAYES**  
SNFRC Director, 2009



**KIMBERLY NEWCOMB**  
SNFRC Director,  
2007-09



**LADAWNA PARHAM**  
CHA Director

***Not pictured:***

**ABBEY BAIRD**  
CASTLES Director,  
2007-08

**NATALIE WORLEY**  
CHA Breast Health  
Coordinator, 2007-08



# Communities And Students Together for Learning-Enhanced Service (CASTLES)

## BUILDING A SOLID FOUNDATION

*In July of 2006, Communities And Students Together for Learning-Enhanced Service (CASTLES) was designed by graduate student Abbey Baird and a Vanderbilt pediatrician, Tim Peters, to apply the resources of Nashville universities and their students to improve the health and safety of Nashville's children.*

In cooperation with community members, CASTLES students work to prevent diabetes by reducing obesity. Each year, a new group of Federal Work Study (FWS) students joins an already established student team to improve child health and safety, making use of long-standing community relationships and university expertise. As a result, CASTLES has morphed into a highly effective health program, with Vanderbilt students mentoring more than 600 children and youth in activities that promote a healthy lifestyle.

## STUDENTS AND COMMUNITY PARTNERS WORK TOGETHER



*Carli Wittgrove at McIver Youth Encouragement Services.*

### **Elementary school fitness and nutrition program:**

CASTLES mentors lead a fitness and nutrition program for children at local elementary schools and after-school programs. Providing 60-minute sessions, 3 days per week, CASTLES mentors work in pairs. They prepare age-appropriate teaching materials about food groups, portion sizes, and snacking strategies. Based on the lesson content, the mentors demonstrate and supervise active fitness games. They also conduct routine health screenings which provide a comprehensive

health profile for each child. In 2009 this program reduced obesity at each site by an average of 18 percent.

**Community cooking:** At Glencliff High School and St. Luke's Youth Encouragement Services, the Vanderbilt mentors helped high-school students learn to prepare easy and inexpensive recipes.

**Family Teaching Kitchens:** To involve the entire family in enhancing nutrition, we partner with the South Nashville Family Resource Center to facilitate eight interactive "Teaching Kitchens". Led by a volunteer chef, families participate in step-by-step recipe preparation and learn about portion control, food safety, and alternatives to frying. The program is offered to low-income Nashville families at the Coleman Community Center. Vanderbilt students organize the event, enlist help from a local chef, plan the demonstration menu, obtain necessary supplies, and prepare take-home ingredient kits for families who participate.



**STAFF**

Abbey Baird,  
Director, 2007-08  
Deanna Froeber, Director  
Natasha Halasa, MD, MPH,  
Medical Director

**FACULTY MENTORS**

Timothy Peters, MD  
Katherine Poehling, MD, MPH  
Veronica Gunn, MD, MPH  
Shari Barkin, MD, MSHS

**COMMUNITY PARTNERS**

Academy for Educational  
Development  
Bethlehem Family Resource Center  
Book 'Em  
Bridges to Care  
—Metro Health Department  
Coleman Park Community Center  
Hispanic Achievers  
House of Mercy  
McKissack Family Resource Center  
McGruder Family Resource Center  
Nashville Police Department  
Neighbors Reaching Out  
North Nashville Community  
Outreach Partnership Center

Pearl-Cohn Family Resource Center  
Project CURE  
Safe Haven Family Shelter  
St. Luke's Community House  
South Nashville Family  
Resource Center  
Tomorrow's Hope  
Neighborhood Association  
Tusculum Elementary School  
Tying Nashville Together (TNT)  
Vanderbilt Children's Health  
Improvement and Prevention (VCHIP)  
Woodbine Community Organization  
YMCA Black Achievers  
Youth Encouragement Service (YES)

**STUDENT MENTORS****Buena Vista  
Elementary  
School**

Hallie Arrigon  
John Butler  
Daveda Clayborne  
Kate Corvese  
Sara Crow  
Colleen Cummings  
Sarah Falter  
Cherie Fathy  
Melissa Heim  
Kristen Kirksey  
Carlton Owens  
Chavon Rhabb  
Nicole Simms  
Nneka Ubabukoh  
Carli Whitgrove

**Tusculum  
Elementary  
School**

Leila Adell  
Hallie Arrigon  
John Butler  
Veronica Calvin  
Elizabeth Claydon  
Ashley Cockrell  
Colleen Cummings  
Melissa Heim  
Hussain Jinnah  
Chavon Rhabb  
John Saba  
Natalia Sanchez  
Melissa Taylor  
Ashley Walker  
Katy Wile

**Lindsley Youth  
Encouragement  
Services**

Colleen Cummings  
Alison Hartog  
Nicole Liberio  
Victoria Mah  
Kathryn Pugliese  
Vicky Ruleman  
Nicole Simms  
Carli Wittgrove

**McIver Youth  
Encouragement  
Services**

Kelley Coffman  
Kathryn Pugliese  
Nicole Liberio  
Melissa Taylor  
Nila Manandhar  
Carli Wittgrove  
Carlton Owens  
Katy Wile  
Katrice Peterson

**HEALTH SCREENERS  
AND EVENT CREW**

Katherine Burton  
Courtney Carroll  
Marina Coriens  
Rachel Hart  
Shannon Hawley  
Matt Hoscheit  
Chrissy Hoyt  
Tushina Jain  
Siri Kadire  
Siyul Kim  
You Young Kim  
Vasanthan Kuppuswamy  
Kate Lassiter  
Christian Lehr  
Cayla Mackey  
Kathleen Martin  
Catherine Muller  
Caroline Pierce  
Vanessa Rodriguez  
Elise Russo  
Rosefarazana Sha  
William Singh  
Samantha Smith  
Christian Stanfield  
Raheel Thobhani  
Sheena Walia  
Elaina Ziehm

*"CASTLES has been  
nothing but a positive  
experience for me. I've  
learned how to address big  
issues, issues that we see in  
national headlines, like  
the obesity epidemic and  
how we can solve that at  
a community level. This  
experience has taught me  
that kids really do want  
to learn about healthy  
eating habits!"*

**—COLLEEN CUMMINGS,**  
3rd Year CASTLES  
Student Mentor



## Coalition for Healthy Aging (CHA)

### FORTY YEARS OF COMMUNITY HEALTH SERVICES

*For 40 years, CHA students and community members have been working together to fill gaps in health services from rural Appalachia to urban Nashville. Students from Vanderbilt and Meharry created the Appalachian Student Health Coalition. They lived in Appalachian communities, helping create health clinics in critically underserved regions. Throughout the decades our name has changed and our tasks have changed to meet the evolving needs of underserved communities. Whether fighting the health hazards of strip mining to providing free health screenings and care to low-income and disabled senior citizens, the CHA legacy continues.*

Today we are called the Coalition for Healthy Aging, and healthy aging is a lifelong process. Our services provide a comprehensive approach to healthy lifestyles and risk reduction to help people be healthy, active, and independent as long as possible.

### SENIOR OUTREACH



*A gathering at Radnor Towers, part of the CHA Companionship program that empowers seniors to connect to the community. AmeriCorps members mix and mingle with seniors in this photo (from left to right): Chad Mosely, Andrew Hartsig, Ronald, Erin McMillan, Ladawna Parham, Katie Cotnam, Nick Arzillo and Jeremy Tucker.*

For Americans age 65 and older, fall-related injuries are the leading cause of death due to unintentional injuries, and 60% percent of senior falls occur in the home due to exposed cords, poor lighting, and cluttered pathways. Many falls are caused or exacerbated by osteoporosis hidden from notice until a sudden strain, bump, or fall causes a fracture or a vertebra to collapse. We screen more than 550 seniors annually and have found that more than three-quarters of those we screen who have low bone density were previously unaware that they were at risk for osteoporosis.

The person who has fallen and broken a bone almost always becomes fearful of falling again and as a result may limit activities for the sake of "safety." This leads to reduced physical activity, increasing the risk for even lower bone density, osteoporosis, and subsequent falls. The cycle leaves seniors feeling trapped, afraid to leave home for fear of what might happen outside, but equally afraid to stay at home alone for fear of falling without anyone's notice. We help stop this cycle by providing free bone density screenings and counseling about ways to reduce the risk of osteoporosis and improve bone health and strength.

We also address the health needs of seniors by empowering them to create and maintain personal wellness plans that incorporate fitness and nutritional management into their daily lives. CHA's partners community agencies donate space at their facilities where we conduct arthritis-sensitive fitness classes, nutritional planning, and weight-management



classes. By creating an effective wellness plan for seniors, we encourage weight-bearing exercise and a diet rich in calcium and low in density-leaching factors to reduce the risk of osteoporosis and help seniors rebound quickly after a fall or accident. This strategy also reduces cholesterol, blood pressure, and weight so that seniors feel more comfortable, confident, and secure in their bodies, maintaining independence and engaging with peers and community.

Our program also has a significant focus on women's health issues because of the needs facing our community. According to the Susan G. Komen for the Cure Community Assessment for our service area, 70% of older women are not practicing early detection. In rural communities, many senior women do not have access to a health care provider who recommends an annual mammogram. Others have not been exposed to current information regarding the importance of early detection. In addition, many senior women are reluctant to talk about their breasts, and embarrassed to examine a breast model to find lumps. Based on national data and our program experience, it is clear that senior women need encouragement and education to assertively seek breast cancer education and detection.

More than 80 seniors per year request our help in making their home a safe and healthy environment. Since 1995, evaluations of more than 800 seniors we have served reveal the overwhelming need for minor home repairs, organization and assistance in reducing the impact of hoarding, and restorative chore services that ensure safe, healthy and independent living environments. The Greater Nashville Regional Council on Aging and Metro Social Services, government entities with a stake in supporting local senior needs, make consistent referrals to our program based on falls, injuries, burns, illness, and threats of loss of home due to the normal aging process. Roughly 15% of the calls we receive come from assisted living/independent living facilities that threaten eviction if the seniors' home condition isn't improved, or from health care workers who cannot enter a home to provide critical health care until the home has been greatly improved. We also address significant allergy and pest issues.

We offer the following services to seniors, high school and college-age women, and immigrants and refugees in rural, isolated, underserved communities in 13 middle Tennessee counties each year:

- **Breast health outreach and education**, to more than 2,000 senior and immigrant women, emphasizing healthy lifestyle and early detection taught through a peer-to-peer network of advocates
- **Clinical breast exams**, education, referrals for mammograms, and free screening for nearly 100 women



*Mary Jo Bean, Katie Cotnam, and Holly Karlman serve a holiday feast at the Coalition for Healthy Aging's annual Senior Stars celebration in December 2009.*



- **Vision, hearing, glucose and blood pressure screenings** for 800 seniors at senior centers and community health fairs, and referrals for free care and glasses
- **Partnership programs** at Prevent Blindness of Tennessee and the Vanderbilt Kennedy Center
- **Companionship and social activities**, including visits and phone calls to 75 isolated seniors and residents of senior centers and senior towers to provide social involvement and companionship to reduce loneliness
- **Fitness classes and wellness planning** for 100 seniors and immigrant women, in senior centers, churches, and retirement communities, to help them stay active and healthy and reach weight management and fitness goals
- **Safe and healthy housing support** for more than 75 seniors, including minor home repairs, cleaning, and yard work, to create the healthiest, safest, and the least restrictive surroundings possible
- **Bone density screenings** for 1,000 seniors at health fairs and community centers to reduce the risk for osteoporosis
- **Volunteer opportunities** for seniors, students and community members in health screening, fitness, breast health outreach, and companionship projects to help them be connected to their community, passionate and proactive, and open to new ideas and experiences

## OTHER PROGRAM AREAS

### IMMIGRANT HEALTH OUTREACH

With support from Baptist Healing Trust, CHA promotes screening, education and risk reduction for breast and colorectal cancer, osteoporosis, and obesity-related health conditions among underserved immigrant men and women. Immigrant and refugee peer advocates provide culturally competent, language appropriate outreach, conduct clinical breast exams, bone density scans, fitness and nutrition classes, and health education. They teach women to do breast self-exams and to live healthy lifestyles in ways that honor their cultural heritage.

Several examples demonstrate that the need for immigrant health outreach is great. We provided education for 397 immigrant women about breast health, osteoporosis, and healthy lifestyles, through partnerships with the Sudanese Community Center, Siloam Family Health Center, Saint Mina Coptic Egyptian Church, and Glencliff High School. Information was provided in Arabic, Spanish, Kurdish, Somali, and English. We also offered bone density, vision and hearing screenings, and clinical breast exams to 43 immigrant women.

In 2009, we began an experiential, hands-on training and community volunteerism program with Belmont School of Pharmacy students and faculty to enhance cultural competency. Thanks to this initiative for 175 pharmacy students and faculty, the Belmont Pharmacy students convinced their dean to use CHA to offer cultural sensitivity training to graduating pharmacists on a long term basis.

We also initiated partnerships with the Kurdish Community Center, Catholic Charities, Tennessee Department of Health, Metro Nashville Social Services, the Tennessee Cancer



Coalition, Nashville Public Television, the Vanderbilt Medical School International Health Student Organization, the Somali Community Center, and the Minnesota Coalition for Immigrant Health.

*At the Immigrant Women's Mother/Daughter Breast Health Workshop co-sponsored by the United Nations Club at Glencliff High School, we met women from Mexico, Iran, Haiti, and Eritrea, some receiving the first clinical breast exams of their lives. A young woman from Iran had been worried about a lump in her breast for several months and received the coaching she needed to see her doctor to find out if it was a serious health issue.*

*At the Sudanese Community and Women's Services Center we partnered with the Vanderbilt Medical School International Health Student Organization to provide HIV and bone density testing to refugees who had not been screened, due to violence and lack of infrastructure in Sudan. Most of the women had very low bone density and were at high risk for osteoporotic fracture after years of poor nutrition.*

*At the Community Health Fair at Glencliff High School, we talked with nearly 120 young women about breast cancer risk and early detection. Women from El Salvador and Somalia received information in their first language, and told us that they would share the information with women in their communities. We stayed until after 9 p.m. to provide vision screening for women who had never seen an eye care professional before.*

*At Saint Mina Coptic Egyptian Church, women lined up from the front to the back of the church to receive breast health educational information. Arabic medical interpreter Nabila Mihiel told our Immigrant Health Programs Coordinator, Abby Weil, that lack of education and social stigma impact Middle Eastern women's discussions of female reproductive organs. Nabila had tears in her eyes as she described women suffering from treatable and preventable diseases because of lack of education and access to healthcare. She said that in the safe space that we helped create, breast health discussions in Arabic were sanctioned by their community.*

## YOUNG WOMEN'S BREAST HEALTH OUTREACH

This new program educated more than 3,000 young women about proven methods of early detection, risk reduction, and healthy lifestyle choices. After a typical 45-minute workshop presented in a school setting, young women often approach the breast health coordinator and express eagerness to do their self-breast exam or tell their mom about the presentation. The discussions begun in the school setting are disseminated widely. For instance, after returning to teach a second set of workshops at John Overton High School, Breast Health Coordinator Abby Weil was approached by an older woman. She knew all the details about the previous breast health workshop. During Thanksgiving dinner her daughter had presented a breast health workshop to the women and men of her family, based on the training she'd received at school from the CHA.



## 40th Anniversary Reunion and Celebration

### *Remember, Celebrate, Continue!*

In April 2009, more than 200 alums gathered in Nashville to honor the program's 40th anniversary. The celebration kicked off with a reception at the Center for Health Services, bringing past and present Coalitioners back to the place where it all began. On Saturday, attendees and speakers discussed the past, present and future of the Coalition, learning how the program has evolved to meet changing community needs. After panel discussions the group moved to the home of Tom John and Brenda Butka for dinner in the country with music from Roby Cogswell and his band. A reflection breakfast at the home of Irwin Venick and Jeanne Ballinger on Sunday allowed members to say goodbye to friends new and old.

#### AMERICORPS MEMBERS

Helana Anderjack	Dana Harrar	Lesha Bailey
Deanna Bauer	Luis Huerta	Megan DiPillo Wood
Kate Georgian	Kristy Kummerow	Sarah Edmiston
Leslie Hayes	Katie Mills	Payal Gupta
Tyler Kendall	Ruth Monsalve	Hillary Hamblen
Ruth Monsalve	Angela Moore	Shannon Hatmaker
Brian Nugent	Shacora Moore	Christine Kirlew
Rebecca Pioreck	Mobolaji Owolabi	Elizabeth Lio
John Spanier	Grace Palmer	Rebecca Maddox
Lindsay Steward Anderson	Alanna Patsiokas	Erin McMillan
Danielle Wallace	Charles Phillips	Nicole Krellenstein
Natalie Worley	Ashlee Saylor	Lori Murphy
Kanthi Akkineni	Katherine Shaw	Van Nguyen
Meredith Albin	John Spanier	Dharmesh Patel
Kris Bahlke	Johnathon Storms	Ravi Patel
Stephanie Battjes	Sarah Tiggelaar	Elisabeth Quintrell
Krupa Bhojani	Eric Wise	Leah Scholma
Maria Carlo	Sheri-Ann Wynter	Kevin Sykes
Andria Caruthers	Chadwick Moseley	Nicholas Arzillo
Elizabeth Craig	Rachel Ruiz	Eterial Burrell
Iris Cruz-Valentin	Katie Smart	Sarah Callicutt
Mark Eatherly	Bradley Sullens	Jessica Cornett
Brent Fitzgerald	Morgan Walls	Katherine Cotnam
Deanna Froeber	Ellen Weeks	Cory Floyd
Charissa Galloway	Abby Weil	Andrew Hartsig
Ain Grooms	Danielle Wright	Holly Karlman
Casey Hamm	Scott Zuckerman	Jeremy Tucker

#### COUNTIES WE SERVE

Cheatham  
Davidson  
Dickson  
Houston  
Humphreys  
Maury  
Montgomery  
Robertson  
Rutherford  
Sumner  
Trousdale  
Williamson  
Wilson

#### STAFF

**Ladawna Parham,**  
Director  
**Natalie Worley,**  
Breast Health Coordinator,  
2007-08  
**Mary Jo Bean,**  
Breast Health Coordinator



## Community Health Emphasis

### THE HEALTH OF THE COMMUNITY IS CRITICAL TO THE HEALTH OF THE INDIVIDUAL

*The Community Health Emphasis Program provides first and second year medical students the opportunity to complete scholarly projects that address community needs. Nonprofit organization community partners define the students' projects. The students develop a relationship with the community and sponsoring agency over an 18-month period, including an eight-week full-time summer internship. With direction from the community, students develop appreciation for unmet community needs as they develop strategies to meet those needs. They develop skills in community leadership and scholarship and build expertise in helping others practice positive health behaviors.*

On a practical level, faculty and community mentors guide students in creating the project. Students receive training from the Center for Health Services in use of focus groups and in-depth interviews, data gathering and analysis, and proposal development. The program is supported by the Vanderbilt School of Medicine and the National Corporation for Community Service.

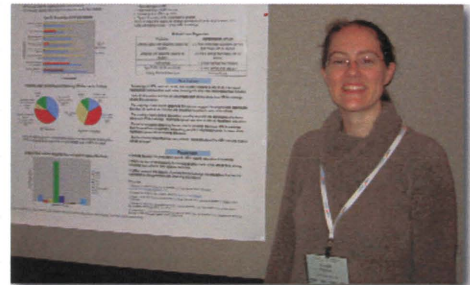
### Community Health Emphasis Enduring Understandings

- The health of the community is critical to the health of the individual.
- Each patient must be considered within his/her physical, social, political, economic, psychological, and cultural environment.
- You think you know the full answer, but you don't. There are non-medical explanations, resources, and solutions to consider.
- Successful health programs are interdisciplinary and built from the community level up.

### COMMUNITY HEALTH STUDENT PORTFOLIO

This portfolio includes a set of products that the student presents to her/his community sponsoring agency and faculty mentor, to be used by the community sponsor to further community health needs. Typical portfolio components include:

- Review of literature related to the project
- Draft grant proposal including a credibility statement about the sponsoring community agency, a clear statement of the problem the student is helping to address, measurable objectives, well justified description of the project methods, and an evaluation strategy. Many Emphasis funding proposals have brought additional funds to a community.
- Two "Critical Incident Reports" describing events and reflections which helped the student understand community strengths, needs, or potential project impact
- Abstract and Poster summarizing the Emphasis project in a way that is suitable for presentation to community and academic audiences
- Survey reports, focus group analyses, fact sheets and other products related to the specific project



Student Sarah Tiggelaar with poster for project "Rural Residents' Beliefs About HPV."



### Lewis Lefkowitz Internship Award

*This award is named for Lewis Lefkowitz, MD, in honor of his years of service to students and communities. Dr. Lefkowitz's commitment honoring the special contributions of community members and the energy and commitment of students helped inspire the Community Health Emphasis program. The award is presented at the spring board meeting of the Center for Health Services, and students' names and projects are inscribed on a plaque which hangs in the Center for Health Services.*

**2007:**  
**Kristy Kummerow**

**2008:**  
**Eric Wise**

**2009:**  
**Rachel Ruiz**

### EMPHASIS STUDENTS AND PROJECTS

	Student and Project	Sponsor	Mentor
2007	<b>Krupa Bhojani</b> Addressing violence against women through group support	YWCA Domestic Violence Center	Fern Richie/Nancy Chescheir, MD
	<b>Mariu Carlo</b> Medical homes for the uninsured, are they feasible?	Bridges to Care	Fonda Harris/Jim Powers, MD
	<b>Roy Kiberenge</b> Promoting fitness in elementary school children	CASTLES	Abbey Baird/Barbara Clinton
	<b>Kristy Kummerow</b> Improving the health of children of incarcerated women	Davidson County Sheriff's Office	Ruby Joyner/Tamara Callahan, MD
	<b>Alanna Patsiokas</b> Helping parents of children in NICU: what works?	Parents Reaching Out	Sherry Bennett/Brian Carter, MD

	Student and Project	Sponsor	Mentor
2008	<b>Meredith Albin</b> Latina teens access to care in pregnancy	Metro Public Health Department	Bethany Hand/Patricia Temple, MD
	<b>Dana Harrar</b> Sexual abuse, evaluating three different therapies for women	Rape & Sexual Abuse Center	Rachel Freeman/Richard Skelton, MD
	<b>Quique Huerta</b> Wellness strategies that impact diabetes in the Hispanic community	Catholic Charities	Anais Riggs/Michael Fowler, MD
	<b>Charles Phillips</b> Rural access to care for children	Tennessee Justice Center	Michele Johnson/Lynn Webb, MD
	<b>Katie Shaw</b> Tools for addressing depression in MIHOW mothers	Maternal Infant Health Outreach Worker Project (MIHOW)	Tonya Elkins/Richard Shelton, MD
	<b>Sarah Tigglelaar</b> Rural residents' beliefs about HPV	Dayspring Family Health Center	Matt Rafalski, MD/Lonnie Burnett, MD
	<b>Sheri-Ann Wynter</b> Is early screening for autism by MIHOW home visitors feasible?	Autism Society of NY	Amanda Peltz/Wendy Stone, PhD
	<b>Eric Wise</b> What works in weight loss interventions for adolescents?	TKO	Jay Groves, Ph.D

	Student and Project	Sponsor	Mentor
2009	<b>Christine Kirlaw</b> Documenting the nutritional value of meals in local homeless shelters	Campus for Human Development	Robb Nash, MSN/Dianne Killebrew, PhD
	<b>Liz Lio</b> Educating teens and patients about cancer risk	Vanderbilt Ingram Cancer Center	Anne Washburn/Ladawna Parham
	<b>Rachel Ruiz</b> Latino parents and their preschool children's sedentary behavior	Coleman Community Center	Steve Neloms/Shari Barkin MD
	<b>Morgan Walls</b> Crisis response in south Nashville	South Nashville Family Resource Center	Tonya Elkins MSW/Liz Heitman, PhD
	<b>Danielle Wright</b> Perspectives from incarcerated males on sex, pregnancy & fatherhood	Davidson County Sheriff's Office	Jeff Blum, M.Div/Jeffrey Stovall, MD
	<b>Scott Zuckerman</b> Can fathers learn to be good fathers through jail programming?	Davidson County Sheriff's Office	Jeff Blum, M.Div/Jeffrey Stovall, MD



# Community Health Research

## ADDRESSING COMMUNITY HEALTH PROBLEMS THROUGH RESEARCH AND ADVOCACY

*Vanderbilt University's newest undergraduate major, Medicine Health and Society, facilitates the study of health and medicine through links to the natural and social sciences, education, and the arts. CHS offers MHS upper level majors a service and scholarly partnership with community organizations and agencies. Through CHS training, the students develop skills in community research and advocacy while they address a community health problem. Depending on the community health issue, the students may create literature reviews, grant proposals, focus groups, program evaluations or surveys, while they gain exposure to community leaders and non-profit agencies. Enrollment is limited and students are accepted into the course based on an application and interview.*

## PROJECTS 2008

### ■ **Can students and volunteers provide rapid HIV testing?**

**Community Sponsor:** Nashville CARES

**Community Mentor:** Patrick Luther, Director of Prevention Education

**Students:** Jared Katz, Elise Russo, Rebecca Metry, Keadrea Wilson, Kelley McIlhattan, Megan Ward

**NASHVILLE CARES**, an award winning community-based AIDS service organization, has provided education, advocacy, and services to more than 50,000 HIV affected people in middle Tennessee. Its approach to HIV prevention is comprehensive, supporting decisions by young people to delay sexual behavior, giving sexually active individuals the skills to change risky behavior, and alleviating structural barriers to HIV prevention. CARES also provides HIV counseling, testing, and workplace training. Through its rapid HIV screening program, CARES reaches out to thousands of people in clinics and emergency rooms. Anticipating budget cuts in 2010, CARES asked CHS students to assess:

- The advantages and disadvantages of using trained community volunteers to conduct rapid HIV testing
- The training that non-health care providers would need to provide rapid HIV testing
- How to attract medical, nursing, or other students as testers

The students examined the literature, conducted focus groups, and experienced first-hand how HIV testing in emergency departments occurs. They generated short and long term recommendations for HIV testing in the ED including:

- Educate hospital staff about rapid testing in weekly ED staff meetings
- Extend testing hours beyond 9:00 AM to 5:00 PM
- Have volunteers and students interact with ED staff in triage
- Provide more testing space in the ED if possible



■ ***What are the needs and strengths of the neighborhood surrounding a student-run clinic?***

**Community Sponsor:** Shade Tree Family Clinic

**Community Mentor:** Shannon Jordan

**Students:** Kelly Bouquet, Melissa Heim, Chris Climo, Deepa Joshi, Kiely Concannon

The **SHADE TREE FAMILY CLINIC** is a student-run health clinic offering free care in east Nashville since 2004. The neighborhood site was selected after student surveys revealed that 83% of residents had no access to health care. This community suffers from high rates of poverty, violent crime, drug abuse, infant mortality and a low high school graduation rate. Since the clinic fills an essential need, the student leaders wanted to reach out more effectively to the neighborhood and asked the undergraduates to provide an overall profile of the clinic's surrounding community including:

- How many neighborhood people are living in poverty
- The number of residents who graduated from high school, and residents' beliefs about schools and education
- Information about housing quality and options for improved housing
- The extent to which residents use emergency rooms for non-emergency health care
- The number of community residents involved in the legal system, incarcerated, or on probation
- Data on community access to fresh, quality and affordable food

The students documented that 26.7% of residents live in poverty, and the community is underserved on almost every level. Their study led to recommendations for diabetes education and cooking classes to increase nutrition knowledge and improve food choices.

■ ***What do teen parents know about Shaken Baby Syndrome?***

**Community Sponsor:** Prevent Child Abuse Tennessee

**Community Mentor:** Carla Snodgrass

**Students:** Samantha Aaron, Kat Mueller, Karissa Hammer, Tiwalolu Soyebó, Brian Mayrsohn

**PREVENT CHILD ABUSE TENNESSEE** provides training and advocacy services to parents and communities concerned about child abuse, as well as monthly meetings and community updates on issues affecting children at the national and state level. The "Kids Don't Come With Instructions" hotline is a 24 hour helpline providing supportive listening, information, and referrals for families experiencing problems or stress. Behavior management and non-physical forms of discipline are encouraged. As part of a Shaken Baby Prevention pilot project aimed at young parents, the agency asked the undergraduates to:

- Assess what parents already know about Shaken Baby Syndrome
- Determine the messages that would be most effective in helping them avoid this behavior
- Recommend effective ways to share information about Shaken Baby Syndrome with young parents



- Develop an educational curriculum and a pre/post test to determine the effectiveness of the educational campaign

The students found that although school is the primary source of information for teens, multi-generational programs are the most effective way to reach teen parents on issues related to children's behavior. One teen noted "There is no one in the school we can ask for information".

## PROJECTS 2009

- ***What should be included in a nutritional wellness program aimed at foreign born women?***

**Community Sponsor:** Coalition on Healthy Aging

**Community Mentor:** Ladawna Parham, Director

**Students:** Mary Coleman, Angela Moore, Hannah Meador, Megan Ryan

Middle Tennessee is home to a very diverse set of immigrant and refugee groups, and making healthy choices is especially challenging for newly arrived refugees and immigrants. The **COALITION ON HEALTHY AGING** asked the undergraduates to determine:

- The foods which are the mainstays of Sudanese and Somali refugees in Nashville, and if these foods are available locally
- What Somali and Sudanese refugees consider a healthy diet
- Healthy menus that can be prepared in the US and still conform to cultural norms
- Strategies to engage foreign born women in nutritional wellness programs

Based on their growing relationships with the immigrant women, a review of the literature, and several focus groups, the students found that newly arrived refugee and immigrant women are not attracted to classes about the science of nutrition. But culturally-sensitive cooking classes that offer options for healthy, quick and inexpensive meals would be well received.

- ***How can area churches cooperatively provide case assistance to individuals in this changing neighborhood?***

**Community Sponsor:** South Nashville Family Resource Center

**Community Mentor:** Tonya Elkins, Director

**Students:** Brigit Bowers, Alyia Smith-Parker, Lindsay Camp, Courtney Williams

The **SOUTH NASHVILLE FAMILY RESOURCE CENTER (FRC)** is the liaison between neighborhood groups and service providers in south Nashville, through the Center for Health Services. In one of Nashville's most diverse areas, pastors from neighborhood churches identified a need for assistance to individuals in emergency situations. Local churches anxious to help homeless and indigent members of the community are ill-equipped to handle the number and complexity of these requests:

- Assess the common crisis needs of the south Nashville community
- Document the emergency services currently provided in this neighborhood
- Suggest a design for an emergency response program in south Nashville



Based on a review of literature on community-based crisis response services and focus groups with pastors and community partners, the students recommended a web-based system for tracking requests from community members and resources available from churches and agencies.

■ ***What barriers keep residents of public housing from purchasing fresh nutritious food?***

**Community Sponsor:** Food Security Partners of Middle Tennessee

**Community Mentor:** Cassie Johnson

**Students:** Andy D'Allesandro, Liesel Hurder, Leigh Forbush, Victoria Mah

With an active membership of more than 130 organizations and individuals, the **FOOD SECURITY PARTNERS'** mission is to create a healthy, just, and sustainable food system that benefits farmers, communities, and the environment. FSP asked the students to:

- Clarify where residents of two neighborhoods currently shop, how they get there, what foods are available and where residents would shop if transportation were not an issue
- Document the challenges of using public transit to access food stores
- Catalog the personal experiences of people who use public transportation to get to food stores
- Recommend public transportation changes that would facilitate residents' access to healthy foods

The students conducted a food-transit assessment, identifying barriers Nashville residents face in using public transportation to access food stores. They found opportunities for improving citizens' access to healthy food in the Edgehill (FRC), Cayce (Martha O'Bryan), and Bethlehem Center neighborhoods.

The interns conducted more than 45 interviews with community leaders and individuals who use public transportation to shop for food. They used public transport to travel to food stores, and mapped food stores, bus stops, bus routes, and length of travel times to document the difficulties and sometimes the danger of relying on public transportation to shop for food. Their food transit assessment verified that food access is limited in many neighborhoods, local stores are very expensive, and lack suitable produce and meats. They documented examples of local stores cheating residents out of money and groceries. For seniors who rely solely on Meal-on-Wheels for daily meals, walking around in the neighborhoods can be dangerous. The students' findings served as the foundation for a series of meetings with Metro government officials and renewed Metro commitment to eliminating food deserts.



# Maternal Infant Health Outreach Worker (MIHOW)

## EMPOWERING MOTHERS

*To improve maternal and infant health outcomes in underserved communities, MIHOW partners with local community service agencies to provide home visits and group activities to pregnant women and families with young children up to three years of age. More than 1100 home visits are conducted each month at 18 sites in Tennessee, Kentucky, West Virginia and Mississippi.*

## THE MIHOW MODEL IS BASED ON THREE ESSENTIAL ELEMENTS:

### People

The local MIHOW sponsor identifies community mothers who are trusted by their peers for their energy, integrity, compassion, and commitment to their community. Leading by example, they listen to parents' concerns, educate them about nutrition, health and children's development, model positive parenting practices, provide links to services, and build trusting relationships with parents. They respond to each family's strengths and needs as a helpful resource, and serve as confident and powerful role models so that mothers gain the confidence that they, too, can grow in new ways.



*During a regional meeting at Henderson Settlement in Frakes, Kentucky, MIHOW outreach workers Judy Hurst and Christy Smith and site leader Stacia Carwell enjoy a break in discussions with CHS board Chair Gerald Gotterer.*

### Strengths Based Approach to Family Support

The foundation of all MIHOW services is the recognition that regardless of living conditions or circumstances *every family has strengths*. This approach enhances parents' motivation and self-sufficiency. By identifying and building on strengths instead of focusing on deficits, MIHOW families, outreach workers, and sponsoring agencies become increasingly confident and effective at improving family health and community life.

### Program Structure and Materials

Center for Health Services staff provide training, evaluation and technical assistance to the local programs. A network of Regional Consultants also provide training, and guide sites in securing Vanderbilt's accreditation as a program of excellence.

- *The MIHOW Home Visit Guides* for the prenatal period and years one, two, and three are a research-based curriculum for month-by-month parent education. Home Visit Guides sharpen problem-solving skills and promote planning, goal setting, and self-advocacy
- *The MIHOW Administrator's Manual: "How to Build a MIHOW Program in your Community"* covers hiring, supervision, case management, safety, creating a family friendly workplace, and evaluation of outreach workers, supervisors, and program impact



- **Standards of Practice for Outreach Workers:** The standards outline levels of professional development for outreach workers including:
  - Communication skills
  - Capacity building and empowerment skills
  - Knowledge of maternal and child health and child development
  - Service coordination skills
  - Advocacy
  - Program evaluation

**Vanderbilt Accreditation Program:** The Commitment to Excellence MIHOW Accreditation Program (CEMAP®) provides a blueprint for excellent services to families, identifies and honors exemplary and inspiring MIHOW programs, supports professional development of workers and sponsoring agencies, nurtures a culture of accomplishment, and protects MIHOW's reputation as a high quality family support program.

## REGIONAL TRAININGS



*Outreach worker models early reading during home visit.*

At least three times per year MIHOW staff in the east Tennessee, east Kentucky, West Virginia, Mississippi, west Tennessee regions gather to learn, share ideas and build a sense of teamwork.

Training topics included:

- **Promoting Breastfeeding for Low-income Women**  
Provided in partnership with Chicago Health Connection, training was offered in Weston, West Virginia; Beverly, Kentucky; and Hattiesburg, Mississippi.
- **Understanding MIHOW Mothers' Depression**  
An assessment of mental health issues in MIHOW communities was conducted by CHS board members in 2007. It pointed to lack of access to mental health services, stigma surrounding mental health, and outreach workers' need for more education regarding mental health as key issues. Maternal depression was identified as the most prevalent mental health problem MIHOW mothers face. Vanderbilt Medical student Katie Shaw developed training for MIHOW outreach workers on clinical depression, postpartum depression, and "baby blues". At regional training sessions, she also trained the workers to administer the CES-D depression screening in home visits.
- **Crisis/anxiety and natural disasters**  
After Hurricane Katrina slammed MIHOW's Mississippi sites, Ellen Knisley, Clinical Director of Family and Children's Service in Nashville, Tennessee, provided training in Mississippi and Nashville to help workers support families as they react to stressful events.



## EVALUATION OF FINDINGS

Reading to young children promotes their cognitive development and leads to success in school and in life. Based on data collected prenatally and at one, six, 12, 24, and 36 months after birth, several key indicators of MIHOW's impact have come to light.

### **1. MIHOW children are read to more frequently than children in similar families.** For MIHOW two-year-olds:

- 58% are read to daily compared to 16% of 2-year-olds living below poverty in the U.S.
- 86% are read to 3 or more days a week, compared to 55% of 2-year-olds in the U.S.
- 100% are read to at least weekly, compared to 81% of 2-year-olds living below poverty in the U.S.

### **2. Breastfeeding enhances babies overall health, and breastfeeding rates among MIHOW mothers in Tennessee are high.**

- Mothers receiving WIC in Tennessee have a breastfeeding rate of 41% compared to 90% for Tennessee MIHOW moms receiving WIC
- The percentage of MIHOW moms who breastfeed for at least six months is 36%, compared to 15% of WIC recipients in Tennessee

### **Starting New MIHOW Programs**

Before a new MIHOW site begins services, local mothers are trained to survey pregnant women and young mothers in the community to assess current needs. The surveys provide a data snapshot of the community, identifying strengths as well as challenges. Sometimes the results are sobering. For instance, at a new site sponsored by the Delta Alliance in Sunflower County, MS, more than four-fifths of the women (82.5%) reported incomes below the poverty level and more than one-third (38.2%) had monthly incomes of \$750 or less. In two Davidson County, TN, neighborhoods at sites sponsored by United Neighborhood Health Services, 93.8% of the women surveyed reported incomes below the poverty level, and 35% had monthly incomes of \$250 or less. Yet 30.4% had initiated breastfeeding in their last pregnancy, a strong base on which to build.

## MENTORING AWARDS

Women are powerful because they see and nurture power in others. Drawing on this concept, MIHOW's annual Celebration of Women Mentoring Women Luncheons honor outstanding mentors for their work. Recipients of the MIHOW Mentoring Award have included:

- Martha Burton, Teacher, Pearl-Cohn Comprehensive Business Magnet High School
- Vali Forrister, Artistic Director, Actors Bridge Ensemble
- Rev. Mary K "Kaki" Friskics-Warren, Executive Director, The Maddox Foundation
- Valerie Montgomery-Rice, MD, Dean of Medicine, Meharry Medical College
- Carolyn Wilson, Director of Library Services, Lipscomb University
- Kim Wyche-Ethridge, MD, MPH, Director, Family, Youth and Infant Health, Metro Nashville Public Health Dept.



## TRAINING PARTNERS

### Chicago Health Connection:

Promoting breastfeeding training sessions in three regions.

### Vanderbilt Pediatrics:

Obesity prevention curriculum development.

### Catholic Charities:

Piloting obesity prevention curriculum.

### Vanderbilt Kennedy Center for Excellence in Developmental Disabilities (UCEDD):

Early detection of developmental disabilities training.

### Tennessee Voices for Children (TVC):

Helping MIHOW increase child school readiness skills and encouraging increased school involvement of parents.

### BH1, United Neighborhood Health Services and Martha O'Bryan Center:

Piloting strategies to find women early in pregnancy and promote access to prenatal care.

## Accredited MIHOW Sites

Agency	Location	Year Accredited
New River Health Assoc.	Scarbrough, WV	2005
Ohio County MIHOW	Wheeling, WV	2005
A.B.L.E. Families, Inc.	Kermit, WV	2005
Red Bird Mission	Beverly, KY	2006
Henderson Settlement	Frakes, KY	2008

## MIHOW PROGRAMS

### Kentucky/East Tennessee

- Henderson Settlement (Frakes, KY)
- Red Bird Mission (Beverly, KY)
- Mountain Community Parent Resource Center (White Oak, TN)
- SUCCESS Corps (Frankfort, KY)

### Mississippi/West Tennessee

- Porter-Leath Children's Center (Memphis, TN)
- Pinebelt Association for Community Enhancement (PACE) Head Start (Hattiesburg, MS)
- Friends of Children of Mississippi—Early Head Start of Jones County (Laurel, MS)
- Friends of Children of Mississippi—Wonderful World Early Head Start (Walnut Grove, MS)
- Friends of Children of Mississippi—Newton Early Head Start (Newton, MS)



- Mississippi Valley State University Health Literacy Outreach Program  
–Leflore County (Itta Bena, MS)
- Mississippi Valley State University Health Literacy Outreach Program  
–Washington County (Itta Bena, MS)
- Mississippi State University–Sunflower County MIHOW (Indianola, MS)

### **Middle Tennessee**

- Catholic Charities–Hispanic Family Services (Nashville, TN)
- United Neighborhood Health Services–Southside (Nashville, TN)
- United Neighborhood Health Services–Edgehill (Nashville, TN)

### **West Virginia**

- ABLE Families (Kermit, WV)
- ABLE Families (Big Ugly, Lincoln County, WV)
- New River Health Association (Scarbro, WV)
- Ohio County MIHOW (Wheeling, WV)

### **Community Support of MIHOW**

*Since 2005, musicians have donated their time and talents to performing house concerts in the Nashville area. MIHOW friends host each concert in their own homes, and house concert attendees are treated to food and wine before a very intimate concert. All proceeds go to the MIHOW program. Three house concerts in 2009 raised more than \$8600 to help low-income families through MIHOW.*

### **STAFF AND CONSULTANTS**

Tonya Elkins	Debbie Withrow
Chrystal Fizer	Jami Benning
Sandy Smith	Gwen Price
Emily Masters	Linda McGlone
Nonie Roberts	Barbara Clinton

### **INTERNS**

Katie Shaw	Leah Scholma
Morgan Walls	Jack Butler



## MIHOW COUNTY MAP

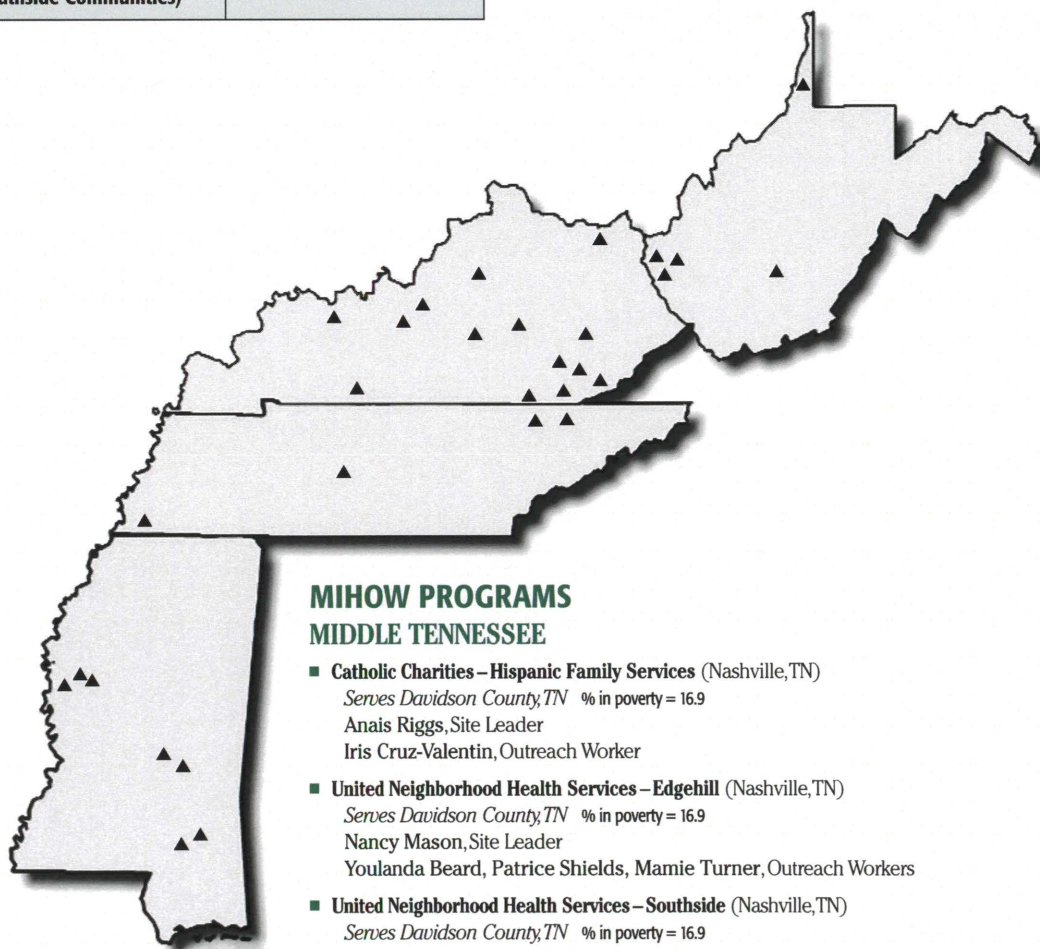
### 30 Counties Served in 4 States

	SERVICE	COUNTIES SERVED
MISSISSIPPI	<b>Friends of Children</b>	Leake County, Newton County, Jones County
	<b>PACE Head Start</b>	Forrest County
	<b>MSU</b>	Sunflower County
	<b>MVSU</b>	Washington County, Leflore County

	SERVICE	COUNTIES SERVED
TENNESSEE	<b>Catholic Charities</b>	Davidson County
	<b>Henderson Settlement</b>	Campbell County, Claiborne County
	<b>Mt. Communities PRC</b>	Campbell County, Claiborne County
	<b>Porter-Leath</b>	Shelby County
	<b>UNHS (Edgehill &amp; Southside Communities)</b>	Davidson County

	SERVICE	COUNTIES SERVED
KENTUCKY	<b>Henderson Settlement</b>	Bell County, Whitley County
	<b>Red Bird Mission</b>	Bell County, Clay County, Whitley County
	<b>SUCCESS Corps</b>	Boyle County, Daviess County, Logan County, Larue County, Nelson County, Franklin County, Madison County, Lewis County, Breathitt County, Harlan County, Clay County, Whitley County

	SERVICE	COUNTIES SERVED
WEST VIRGINIA	<b>ABLE Families</b>	Wayne County, Lincoln County, Mingo County
	<b>New River Health Association</b>	Fayette County
	<b>Ohio County MIHOW</b>	Ohio County



### MIHOW PROGRAMS MIDDLE TENNESSEE

- **Catholic Charities – Hispanic Family Services** (Nashville, TN)  
Serves Davidson County, TN % in poverty = 16.9  
Anais Riggs, Site Leader  
Iris Cruz-Valentin, Outreach Worker
- **United Neighborhood Health Services – Edgehill** (Nashville, TN)  
Serves Davidson County, TN % in poverty = 16.9  
Nancy Mason, Site Leader  
Yolanda Beard, Patrice Shields, Mamie Turner, Outreach Workers
- **United Neighborhood Health Services – Southside** (Nashville, TN)  
Serves Davidson County, TN % in poverty = 16.9  
Ava Wilkerson, Site Leader  
Martha Matthews, Andrell Watkins, Machella Wilson, Outreach Workers



**MIHOW PROGRAMS (cont.)****MISSISSIPPI / WEST TENNESSEE**

- **Friends of Children of Mississippi Administrative Office** (Jackson, MS)  
Sharon Barnes, Cathy Gaston, Bobbie Posey, Administrators
- **Friends of Children of Mississippi—Early Head Start of Jones County** (Laurel, MS)  
*Serves Jones County, MS % in poverty = 22.3*  
Annie Jackson, Site Leader  
Joyce Chambers, Deborah Crosby, Outreach Workers
- **Friends of Children of Mississippi—Newton Early Head Start** (Newton, MS)  
*Serves Newton County, MS % in poverty = 19.2*  
Tonya Barton, Site Leader  
Larceny Hester, Outreach Worker
- **Friends of Children of Mississippi—Wonderful World Early Head Start** (Walnut Grove, MS)  
*Serves Leake County, MS % in poverty = 23.6*  
Deborah Payton, Site Leader  
Nicole Griffin, Outreach Worker
- **Mississippi State University—Sunflower County MIHOW** (Indianola, MS)  
*Serves Sunflower County, MS % in poverty = 36.1*  
Wanda Johnson, Site Leader  
Linda Beckworth, Betty Brown, Temika Fant,  
Janice Galloway, Barbara Teagues, Outreach Workers
- **Mississippi Valley State University Health Literacy Outreach Program—Leflore County** (Itta Bena, MS)  
*Serves Leflore County, MS % in poverty = 38.8*  
Ethena Hyde, Reverend Tommie Lunsford, Roshun Williams, Site Leaders  
Kathy Brownlow, Cynthia Holts, Cheryl Jones,  
Stephanie Saunders, Gloria Wilson, Outreach Workers
- **Mississippi Valley State University Health Literacy Outreach Program—Washington County** (Itta Bena, MS)  
*Serves Washington County, MS % in poverty = 35.8*  
Roshunda Sample, Rosie Lee Thomas, Site Leaders  
Shirley Allen, Shavon Bowman, Sherita Brady,  
Monica Dotson, Belinda Drakes, Vanessa Griffin,  
Chattera Parnell, Emma Price, Caroline Stuckett,  
Outreach Workers
- **Pinebelt Association for Community Enhancement (PACE) Head Start** (Hattiesburg, MS)  
*Serves Forrest County, MS % in poverty = 24.3*  
Carla Leverette, Site Leader  
Tammy Duckworth, Outreach Worker
- **Porter-Leath Children's Center** (Memphis, TN)  
*Serves Shelby County, TN % in poverty = 18.0*  
Gwen Price, Site Leader  
Kristler Barton, Sabrina Blevins, Maria Perez,  
LaToya Reed, Mary Trezevant, Outreach Workers

**KENTUCKY / EAST TENNESSEE**

- **Henderson Settlement** (Frakes, KY)  
*Serves four counties (Bell County, KY, Whitley County, KY, Campbell County, TN, Claiborne County, TN) % in poverty = 31.3, 27.2, 20.8, and 22.8, respectively*  
Frankie Blackburn, Site Leader  
Judy Hurst, MIHOW Coordinator & Outreach Worker
- **Mountain Community Parent Resource Center** (White Oak, TN)  
*Serves two counties (Campbell County, TN, Claiborne County, TN) % in poverty = 20.8, and 22.8, respectively*  
June Pyle, Site Leader  
Sheila Smith, Outreach Worker
- **Red Bird Mission** (Beverly, KY)  
*Serves three counties (Bell County, KY, Clay County, KY, Whitley County, KY) % in poverty = 31.3, 38.3, and 27.2, respectively*  
Stacia Caldwell, Traci Nolan, Site Leaders  
Suzanne Pohli, MIHOW Coordinator  
Christy Smith, Outreach Worker
- **SUCCESS Corps** (Frankfort, KY)  
*Serves twelve counties (Boyle County, KY, Breathitt County, KY, Clay County, KY, Daviess County, KY, Franklin County, KY, Harlan County, KY, Lenoir County, KY, Lewis County, KY, Logan County, KY, Madison County, KY, Nelson County, KY, Whitley County, KY) % in poverty = 15.8, 31.5, 38.3, 13.6, 13.1, 33.9, 17.3, 26.4, 17.8, 16.2, 12.7, and 27.2, respectively*  
Angela Baldrige, Site Leader  
Ashley Branch, Heather Clem, Laura Fabiani,  
Kathleen Henry, Carla Kersey, Kayla McDowell,  
Sheila Nantz, Bertha Renae Neace, Shelley  
Sellwood-Davis, Adrienne Sibert, Kim Singleton,  
Priscilla Troxler, Ginetta Ward, Samantha Young,  
AmeriCorps Members

**WEST VIRGINIA**

- **ABLE Families** (Kermit, WV)  
*Serves three counties (Lincoln County, WV, Mingo County, WV, Wayne County, WV) % in poverty = 24.4, 24.6, and 17.6, respectively*  
St. Patricia Ann Murray, Janet Peterworth, Ken Stone,  
Site Leaders  
Rhonda Cooper, Garnet Fitchpatrick, MIHOW Coordinators  
Sherri Browning, Jenta Cheung, Rose Mary Dillon,  
Anita Merritt, Gail Muncy, Emma Sue Pack, Jade Perry,  
Kathy Smith, Marlene Spaulding, Christy Stroud,  
Kim Sturgell, Kim Teders, Oneida Toppins, Outreach Workers
- **New River Health Association** (Scarbro, WV)  
*Serves Fayette County, WV % in poverty = 20.2*  
Nonie Roberts, Debbie Withrow, Site Leaders  
Kathy Bracken, Jenifer Chittum Buckland,  
Melanie Claypool, Kathie Kiser, Brenda McClung,  
Charlene "Red" Newkirk, Sue Slater, Rhonda Walker,  
Outreach Workers
- **Ohio County MIHOW** (Wheeling, WV)  
*Serves Ohio County, WV % in poverty = 15.7*  
Cathy Knox, Site Leader  
Stephanie Barnett, Linda Osmianski, MIHOW Coordinators  
Christina Bootz, Courtney Orum, Sally Riley,  
Michelle Romanek, Outreach Workers

*Source of county-wide poverty data:  
U.S. Census Bureau, Small Area Estimates Branch, 2008*



# Service Training for Environmental Progress (STEP)

## PRESERVING THE QUALITY OF THE LOCAL ENVIRONMENT

*According to the UN, at least 25 percent of disease is attributable to environmental factors. Pairing university resources and students with community strengths and needs, STEP assists citizens at the local level, providing education and technical assistance on environmental justice concerns, pollution prevention, and documentation of environmental problems. STEP has worked in 11 states, from West Virginia to Louisiana. STEP now focuses on Tennessee.*

STEP's internship program places trained college students with non-profit citizens' groups to help the group meet its goals. Depending on the project, students can provide a range of services under the community groups' direction. By guiding the STEP interns' work in the community, environmental organizations and citizens gain the technical and research skills necessary to gather and interpret laws, permits, studies, and other information. These skills enable community members to participate more effectively in decision-making processes and to ultimately protect their environmental health.

Past intern projects include:

- Designing elementary and high school curricula
- Conducting workshops and presentations about environmental hazards
- Implementing curbside recycling programs
- Sampling water and soil
- Helping citizens research and prepare for public hearings
- Creating fact sheets about lead safety in English and Spanish
- Testing for lead in soil and paint in urban neighborhoods
- Researching the health effects of malathion spraying in west Tennessee
- Organizing community produce markets
- Inspecting wetlands

In the following essay, STEP Intern Shacora Moore describes her project:

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### Nourishing Food Deserts

*Many Tennesseans suffer from a lack of access to healthy foods because of food injustice. In other words, many neighborhoods are actually "food deserts" areas without access to the food that is needed to maintain human health.*

*To address this simple but profound injustice, I was one of four STEP interns who worked with neighborhood teenagers to set up Farmers' Markets in inner city Nashville in summer 2008. At the Preston Taylor, Vine Hill, and Thompson Lane Boys and Girls Clubs, our "Veggie Project" made fresh fruits and vegetables available at reasonable prices for low income communities. We purchased the food from local farmers and the Nashville Farmers Market. The farmers and the Market were extremely generous, in some cases offering to provide free produce. But to*





*Our Farmers' Market at the Thompson Lane Boys & Girls Club*

*demonstrate that our project was sustainable, we insisted on purchasing the food from the farmers. There was even a small profit, which we contributed to the Boys and Girls Clubs.*

*In addition to running the markets, we taught weekly nutrition classes. Using activities and songs, children learned about the six food groups and the correct serving size for each food group. We*

*videotaped the children as guests on "The Okra Show". At each site, the children had different likes, dislikes, strengths, and weaknesses. I learned to my surprise that they were extremely knowledgeable about nutrition. I am certain that I learned more from them than they learned from me.*

*Prior to the project, I was not aware of the injustice that exists in the food system. But as we reflected together each week on moral and economic questions related to food and social change, we began to question why some communities have convenience stores and fast food restaurants, but no sources of good, healthy food? The answer to that question may seem complex at first... it involves many issues including economics, fear of crime, geography. But the answer is also a simple matter of justice. Good food should be available in every community and food and other services should be produced and sold as close to local neighborhoods as possible.*

*We think we proved that this can be done.*

Shacora Moore, a graduate of Tougaloo College, now teaches English at Whites Creek Comprehensive High School.



*STEP intern  
Shacora Moore.*

## OTHER STEP PROJECTS, 2007-09

### **Clearfork Community Institute: Holding Land Owners Accountable**

In Tennessee's Campbell and Claiborne counties, tax revenues are based on land ownership, closely linking land ownership to decisions about community development, schools, roads, and health facilities. There are large numbers of absentee land owners, and large tracts of land have never been surveyed. Many operating deeds were written more than a hundred years ago. This is why there is a lack of clarity about who owns what land, and who is responsible for decisions about the use of particular pieces of land. Local citizens believe that information about land ownership is kept from the public for political reasons.

STEP intern Michelle Mockbee worked with local residents and the Office of Deeds, the Division of Assessors, the tax office, and a land surveying company to identify as many land owners as possible. To access information about who owns land, Michelle taught



residents to create environmental, economic, and community-based assessments using GPS technology. Soon a group of citizens began a participatory research project to identify environmentally vulnerable lands and land that is suitable for sustainable entrepreneurial options. A user-friendly curriculum was designed, called *Introduction to the Clearfork Community Institute's Living Learning Experience with GPS*, to expand community knowledge about their land. The project led to a partnership with a land surveyor to work with the Clearfork Community Institute, and became part of the ongoing classroom experience.

**STEP Intern: Michelle Mockbee**

### **Bells Bend Citizens: *Conserving Agricultural Land***

As Nashville's urban growth has spread in all directions, the Beaman Park to Bells Bend Corridor has managed to retain a rural landscape that is in many ways unchanged from the time of its settlement in the nineteenth century. This is Davidson County's last remaining area of working farms, upland trails, waterways, and wildlife. The community has successfully fought off attempts by developers to encroach on the area with urban sprawl. In order to restrict future large-scale development, the residents are now working with government and conservation agencies to permanently protect the area.

But there will be many attempts to make this unique area more industrial. In 2009, local residents asked STEP intern Rebecca Maddox to help them prevent a well financed developer from securing authorization from county government to turn the county's last rural community into an industrial and residential park. The citizens' challenge was to convey the environmental issues and threats to the general public and elected representatives, so that they would understand the long term impact of this development on the larger community. It was clear to the community people that many political leaders are poorly educated about environmental issues. Every aspect of the development scheme had to be broken down into smaller segments. At least for now, the citizens triumphed and Bells Bend remains a place for rural living in an urban county.

**STEP Intern: Rebecca Maddox**



## Shade Tree Clinic

### PROVIDING FREE CARE FOR THE UNINSURED

*The Shade Tree Family Clinic is a free student-run clinic in east Nashville, providing medical services to the local, medically underserved population. The clinic is run entirely by Vanderbilt medical students, and opportunities for volunteering and education are extended to students of Meharry Medical College and to other health professional students at Vanderbilt. Medical students can volunteer during their first and second years to shadow third- and fourth-year students as they see patients. Alternatively, first and second year students apply for a variety of leadership positions such as executive director of the clinic, pharmacy director, director of community outreach, social work coordinator, clinic coordinator, etc. Second, third and fourth year students get involved by seeing patients and presenting cases to volunteer attending physicians.*

Since its inception in 2005, Shade Tree has continued to expand and now provides medical and social services to more than 1,300 people each year. Shade Tree serves as a medical home for these patients and provides primary, subspecialty, and urgent care. The patient population speaks both English and Spanish, and Spanish translation services are offered by bilingual medical students. In addition, social services are available to every patient. Shade Tree has been able to connect many of its uninsured patients with state-sponsored insurance programs, enabling them to be seen at Vanderbilt or other medical facilities. The presence of social work at the clinic has also connected patients with food stamps and provided them with bus passes (and thus transportation to and from appointments). Laboratory and pharmacy services are provided free of charge by Vanderbilt Medical Center.

The clinic is open twice per week, on Tuesday evenings and Saturday afternoons. At least fifteen students volunteer for each clinic, more than 120 students each month.



*The mayor visited the Shade Tree Clinic in 2008, and thanked the students from Meharry and Vanderbilt for working together to serve Nashville. CHS Board Member Suzanne Brinkley of the Meharry Vanderbilt Alliance set up the visit to showcase the collaborative efforts of students from both institutions. From left to right: Mayor Karl Dean, Alon Peltz, Dr. Robert Miller, Shannon Jordan, and Meredith Albin.*

Medical Director .....	Robert Miller, MD
Social Worker .....	Shannon Jordan, MSW
Directors 2008-2009.....	Meredith Albin, Alon Peltz
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# South Nashville Family Resource Center (SNFRC)

## BUILDING ON COMMUNITY STRENGTHS

*The South Nashville Family Resource Center (SNFRC) works to make the diverse neighborhoods of south Nashville stronger. The SNFRC mobilizes residents and service providers to create community partnerships, support education, and link service providers with neighborhood residents to achieve a healthy community. The South Nashville Family Resource Center Advisory Council meets monthly to set priorities and develop programs and projects.*

## SCHOLARSHIPS to make college possible

SNFRC awarded seven scholarships during 2007, 2008, and 2009 by working with Glenclyff High School to identify students with financial need as well as a commitment to the community. Each applicant described his/her community service in an essay which was reviewed and rated by the Advisory Council. The applications described community service through leadership in the Glenclyff High School student government, the 4-H Club, International Teen Outreach Program, United Nations Group, Students Taking a Right Stand, Special Olympics, the Latino Service club, and National Honor Society.

*"Community service isn't a job where you get paid financially. I believe it's much greater than money, because it opens doors of opportunity ... It gives me a sense of pride that I am making a step to a better community, also, I believe I am making a positive statement not just to myself but to my peers as well."*

— STUDENT SCHOLARSHIP  
APPLICANT, 2009

## Scholarship Recipients

**Renee Cousins**, University of Memphis

**Tralonda Pickett**, National College of Business and Technology

**Anil Zia**, David Lipscomb University

**Anamartin Castaneda**, David Lipscomb University

**Merjema Malovic**, Middle Tennessee State University

**Youstina Aiyad**, Tennessee State University

## CRISIS RESPONSE to make life easier

Beginning with focus groups, the SNFRC confirmed growing numbers of neighborhood families are in economic crisis and that local food pantries run out of food due to high demand. As one community member commented, *"The community needs a way for the citizens... to know that they can go some place and get help."* In another focus group, local pastors reported *"growing numbers of people looking for food while food pantries are empty and sources of money to help with other needs are drying up. Even if they have never seen the inside of a church, people come to a church when they find themselves in crisis. We all have the same problem, and wonder how to get it organized in a more coordinated way so that we have more options to offer."*



Five Vanderbilt undergraduates completed a semester long project in 2008 to support this effort. They began with a literature review to identify how other communities assist people in crisis. They conducted a community survey, contacting residents online and at local events and community gatherings so that respondents could describe the challenges of finding assistance. The students found that although 85% of respondents said that churches and neighbors would be their first point of contact when they need help, 59% did not know specifically where they could get help for themselves or others. For these reasons, the SNFRC plans to link its website and the United Way Referral Database so that crisis providers will be able to know which services have been provided to residents, and what resources are available for residences on a day-to-day basis from other providers.

### **TEACHING KITCHENS to enhance community and nutrition**



*Teaching Kitchen participants line up for cookbooks and recipe kits at a South Nashville Family Resource Center Teaching Kitchen in 2009.*

According to [healthyamericans.org](http://healthyamericans.org), in 2004-2007 almost one of three adults in Tennessee was obese. Low-income families, single-parent households, individuals without a high school education, and immigrants and refugees are at increased risk for type 2 diabetes, hypertension, hyperlipidemia, and abnormal glucose tolerance. Nutritious and fresh foods are more expensive than processed foods, and many parents have limited experience in preparing nutritious meals. Immigrants and refugees unfamiliar with American grocery stores have an additional barrier to preparing nourishing meals.

To improve the nutritional status of low-income families in south Nashville the SNFRC sponsored five teaching kitchens where the attendees receive recipes and training, including a cooking demonstration, on how to create a healthy meal. Volunteer community chefs created clear, simple recipe guides that could easily be followed at home. Sessions include step-by-step recipe preparation, as well as information about portion control, food safety, alternatives to frying, and adapting menus for cultural preferences. Sessions are interactive and the first twenty-five participants take home food boxes with the ingredients necessary to prepare the meals demonstrated. One teaching kitchen exclusively used ingredients available from the community garden at Coleman Park Community Center, where the Teaching Kitchens are held.

### **BRIDGE FUND to help meet medical needs**

When a south Nashville resident needed a battery for her wheelchair but did not have the funds to buy it even though the cost would eventually be reimbursed by her insurance provider, south Nashville residents created the SNFRC Bridge Fund. The fund helps families waiting for reimbursement for medical care and health assist items. Funds are paid back by the recipient after receiving insurance reimbursement.



**THE SUDANESE AND WOMEN'S SERVICES COMMUNITY CENTER assisting refugees and immigrants**

The SNFRC assists the Sudanese and Women's Services Community Center (SWSCC) with program planning and proposal writing. These activities led to a women's sewing program and expansion of classes for non English speakers, as well as child care and other services which make it possible for immigrant women to participate in classes and other activities.

**OTHER SNFRC PROJECTS:**

- Welcome Baskets for new residents, containing items for the home and information about resources in the neighborhood and codes issues
- Participation in Flatrock Night Out Against Crime
- Securing school supplies for Matthew's House, a service center for homeless families
- Distributing a Directory of Services in south Nashville, distributed to community partners, pastors and residents
- Coordinating student assistance to improve the homes of local seniors

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## Strategic Planning

*In 2007, the CHS Advisory Board began a strategic planning process led by CHS board chair Gerald Gotterer. The planning process addressed three issues.*

***Student involvement in the programs of the CHS.*** In the 40 years since the inception of the Appalachian Student Health Coalition, the nature of student involvement in the Center's programs had broadened to include leadership, volunteerism, and compensated roles. With its history, its experience with the community, and its location at the heart of Vanderbilt University, the CHS wished to examine the best routes to continue to provide substantive and meaningful community experiences to Vanderbilt students.

***Community awareness of the CHS and its programs.*** Broader awareness of CHS and its programs would bring to the Center the talents of more faculty and students. At the same time, more public awareness of CHS work would highlight the strengths of our partner communities, and attract more financial support for its programs.

***Financial stability.*** Largely dependent on annual funding appeals to a variety of different agencies, the CHS would like to increase and diversify its sources of support.

At a retreat held on May 21, 2008, the Board identified the following strategies to address these issues:

### STUDENT INVOLVEMENT in the CHS programs

- Define the range of involvement CHS will make available to students including:
  - Volunteer (including spring break, summer opportunities)
  - Courses taught by CHS staff
  - Service learning projects
  - Internships
- Formalize partnerships with Vanderbilt departments/schools:
  - Human and Organizational Development (internships)
  - Undergraduate service learning opportunities
  - Freshman Commons
- Identify new roles/projects for students and inform students of CHS options:
  - Link CHS website with undergraduate websites
  - Establish CHS role in freshman orientation
  - Place articles about student involvement in *Hustler*
  - Have student organizations, houses sponsor CHS projects
  - Offer more academic courses
  - Hold information sessions for Vanderbilt faculty members



- Host meetings with other service learning/community service undergraduate organizations; consider potential partnerships
- Secure resources to support additional staff

### **EXPAND COMMUNITY AWARENESS of the CHS and its programs**

- Develop a multimedia communications/strategic website
- Expand community and alumni relations:
  - Schedule regular events (e.g. *MIHOW luncheon*)
  - Establish courses concerning community health for general community
  - Sponsor seminars based on CHS work
- Establish celebration for Appalachian Student Health Coalition's 40th Anniversary
- Develop and disseminate the narrative story of CHS and establish a CHS "identity":
  - Document the Center's history
  - Develop presentations for general audiences
  - Distribute regular press releases.
- Recruit board members with communication expertise
- Secure funding communications and fund-raising staff

### **FINANCIAL STABILITY**

- Increase University funded academic involvement
- Expand and maintain partnerships with government agencies and corporations
- Identify legislators to sponsor supportive legislation
- Increase funding from private philanthropy
- Seek increased support from donors
- Develop a major giving campaign
- Establish an unrestricted endowment fund



## CHS PRESENTATIONS and PUBLICATIONS

### **Clinton, Barbara**

"MIHOW: Addressing child health issues through community strengths" Tennessee Conference on Social Welfare, Nashville, TN, April 4, 2007.

"Program Planning and Proposal Writing" Community Health Emphasis Program. Vanderbilt School of Medicine, Nashville, TN, June-August 2007, June-August 2008, June-August 2009.

"Using numbers to make your case." MIHOW Site Leaders Meeting, Nashville, TN, August 9, 2007.

"Community health issues for collaboration." Medicine Health and Society Program, Vanderbilt University, Nashville, TN, September 18, 2007.

"Making your case to a funder" CASTLES Program, Center for Health Services, Nashville, TN, January 12, 2008.

"Listening aerobically: a skill for community relations." Community Health Emphasis Program, Vanderbilt School of Medicine, Nashville, TN, January 30, 2008.

"Collaborating with communities to meet their health needs" Vanderbilt Kennedy Center, Nashville, TN, February 18, 2008.

"The Center for Health Services: Facilitating community based solutions to health problems," Vanderbilt Child Health Improvement Program, Nashville, TN, June 2, 2008.

**and T. Elkins.** "Attachment Parenting: How to Maximize its Effectiveness in a Center-based Environment." 12th Annual Birth to Three Institute, *A World of Difference for All Infants, Toddlers, and Families*, Washington, D.C., August 5, 2008.

"Working Effectively As A Team Member" Medicine Health and Society program, Vanderbilt University, October 16, 2008.

"Building a sense of belonging in Turkey: raising children to be citizens of the world." **Early Childhood Matters:** Bernard van Leer Foundation, The Hague, November 2008.

**and T. Elkins.** "Attachment Parenting." MIHOW Annual Conference, Montgomery Bell State Park, Burns, TN, November 20, 2008.

"Practicing equity and diversity in early childhood education." International Conference on Diversity in Early Childhood Education in the Context of Children's Rights, Istanbul, Turkey, March 27-28, 2009.

"Concepts that build collaboration in community health." Peabody College, Nashville, TN, May 12, 2009.

"Efforts to enhance early childhood development in Turkey: strategies to reduce violence." Report to the Foundation for Support of Women's Work, Istanbul Turkey, July 2009.

"Health care reform: what direction must it take?" Healthcare Forum Moderator, First Amendment Center, & Cable Channel 10, Nashville, TN, July 10, 2009.

"Supporting community programs with your wallet and your heart." Nashville Electric Service, Nashville, TN, July 20, 2009.

**and T. Elkins.** "Promoting maternal and child health through MIHOW and the strengths of community women." Plus Side of Nashville, Cable Channel 5+. Nashville, TN, July 21, 2009.



"Working with students to enhance community objectives." Community Shares Coordinating Council, Nashville, TN, October 14, 2009.

"Health services coordination for diverse populations." Human and Organizational Development Program, Peabody College, Nashville, TN, October 15, 2009.

### **Elkins, Tonya**

"Schools and Services – The Family Resource Center Model." 2007 Tennessee Conference on Social Welfare, Nashville, TN, April 4, 2007.

"Creative Solutions: Recognize and Build on Strengths in Difficult Situations." PowerPoint presentation, Nashville, TN, March 2008.

**and B. Clinton.** "Attachment Parenting: How to Maximize its Effectiveness in a Center-based Environment." 12th Annual Birth To Three Institute, *A World of Difference for All Infants, Toddlers, and Families*, Washington, D.C. August 5, 2008.

"Maximizing Community Assets." 2008 Tennessee Conference on Social Welfare. Nashville, TN, November 10, 2008.

**and B. Clinton.** "Attachment Parenting." MIHOW Annual Conference, Montgomery Bell State Park, Burns, TN, November 20, 2008.

"Increasing parental support for school readiness." Tennessee Conference on Social Welfare, Franklin, TN. March 24, 2009.

**and B. Clinton.** "Promoting maternal and child health through MIHOW and the strengths of community women." Plus Side of Nashville, Cable Channel 5+. Nashville, TN, July 21, 2009.

### **Froeber, Deanna**

**and B. Clinton.** "CASTLES: College student success in reducing obesity in children." Plus Side of Nashville, Cable Channel 5+. Nashville, TN, April 7, 2009.

### **Tiggelaar, Sarah**

**and L. Burnett, M. Davidson, M. Rafalski.** "Knowledge and attitudes concerning the Human Papillomavirus, cervical cancer, and the Human Papillomavirus vaccine in rural Appalachia." American Association for Cancer Research, Conference on Cancer Health Disparities, January 2009.

"Patient knowledge and attitudes concerning the Human Papillomavirus vaccine in rural Appalachia" American Medical Student Association National Conference: Washington DC, March 2009.

#### **STUDENT AWARDS**

##### **Arnold P. Gold Foundation Fellowship Awards**

2007 Krupa Bhojani  
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##### **Lewis Lefkowitz Internship Awards**

2007 Kristy Kummerow  
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Anne Washburn  
Jan Andre' Williams  
Adele White  
Gail Zika



## HOW YOU CAN BE PART OF THE CHS

*Make a financial contribution*—they are always welcome, encouraged, and needed.



*Volunteer to mentor a student* in a community project.



*Provide new or gently used holiday gifts* for babies, mothers, and seniors.



*Serve on one of our Development Committees*  
(MIHOW, Coalition for Healthy Aging, or CASTLES).



*Donate much needed equipment:*  
a Power Point projector, a laptop computer, a DVD player,  
and a good TV for presenting program videos to  
potential volunteers, students, donors, and others.

### ***Please contact:***

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